Annual Report

OF THE

ALBERTA NURSING HOME PLAN

1967

HOSPITAL SERVICES SECTION

DEPARTMENT OF HEALTH

PROVINCE OF ALBERTA

J. D. CAMPBELL, M.Com. (Queen's) F.C.A., R.I.A.

Deputy Minister of Hospital Services

ANNUAL REPORT

of the

ALBERTA NURSING HOME PLAN

1967

1968.

TO HIS HONOUR, J. W. GRANT MacEWAN,
Lieutenant Governor of the Province of Alberta.

SIR:

I have the honour to transmit the Annual Report of the Alberta Nursing Home Plan, Hospital Services Section, Department of Health, for the period January 1st to December 31st, 1967.

I have the honour to be, Sir,

Your obedient Servant,

J. DONOVAN ROSS, B.A., M.D.,
Minister of Health.

1968.

TO THE HONOURABLE DR. J. DONOVAN ROSS,
MINISTER OF HEALTH,
Administration Building, Edmonton, Alberta.

SIR:

I have the honour to submit herewith the Annual Report of the Alberta Nursing Home Plan, Hospital Services Section, Department of Health, for the period January 1st to December 31st, 1967.

I have the honour to be, Sir,

Your obedient Servant,

J. D. CAMPBELL, M.Com.,
F.C.A., R.I.A.,
Deputy Minister of Hospital Services.

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INTRODUCTION

This report is designed to provide a picture of the nursing home field in the Province of Alberta for the year ending the 31st of December, 1967. It marks the end of three and three-quarter years of operation of The Nursing Home Plan which was introduced on the 1st of April, 1964, under The Nursing Homes Act which came into force on that date.

An attempt has been made to clearly portray, in a factual way, the concept of the nursing home as provided under The Nursing Homes Act. Although the term "personal care" has been used on a number of occasions to reflect the concept of the nursing home, an examination of the various facets underlying the concept of personal care is very important in a significant understanding as to the purpose of the nursing home and, therefore, the assessment as to the extent to which the development in a given year coincides with the purpose for which the Plan was originally set up.

In line with the above, coupled with the realization that the provision of facilities in this area merely represents a means to an end rather than an end in itself, the major problem facing us in the future is one entailing the effective utilization of the facilities which have been provided. In the face of a continuing demand for additional nursing home facilities represented by waiting lists, the problem of the provision of these facilities remains as a continuing problem, but it must be recognized that as the demand for facilities is met the previously mentioned problem of the most effective utilization of these facilities assumes added importance. In line with this particular aspect, a paper entitled "The Future of the Nursing Home and the District Board's Responsibility" is reproduced in the appendix to this report.

Basically, the content presented in the report attempts to indicate information in regard to the existing facilities together with information in respect to the nature of the utilization of facilities by the residents of the Province of Alberta.

In the area of facilities, a decision was made by the Government on the 1st of July, 1967, which eliminated additional participation on the part of private enterprise in the Nursing Home Plan. The level of the maturity in the facility field is indicated by the fact that during the calendar year 1967 the bed capacity had increased by 300 beds over that existing in the previous year. The distinct slowing down in the provision of nursing home beds reflects two major factors, namely, the previously mentioned elimination of private enterprise plus an indication that the level of facilities provided had reached a stage where there was a distinct narrowing of the gap between the beds provided and those needed to meet the demands made by the residents of the Province of Alberta. As in the hospital field, it is very difficult to make an accurate assessment as to the exact needs in this particular area. The original designation of three beds per one thousand of population appears to have been more than an intelligent guess. Whether or not the future will require an alteration in this base measure of need cannot be stated definitely. At the present time an attempt is being made to set out a firmer base as to the degree of personal care required for eligibility in respect to the subsidy paid by the Province to a resident for nursing home care. As set out in the report, of the 4,060 beds available, 76.8 per cent was under private enterprise jurisdiction; the balance represented ownership by voluntary organizations, Federal Government and municipalities through their district boards. Only two per cent were under the direct jurisdiction and ownership by district boards.

With the elimination of the private enterprise sector in the provision of facilities in this area, the municipalities through their district boards were forced to consider the needs of their particular areas in the nursing home field. The result was that a number of district boards, recognizing the need for nursing home facilities in their particular areas, took the necessary steps to arrange for the provision of the necessary facilities. Coinciding with this increased awareness on the part of the municipalities, restrictions were imposed as to the availability of funds through the Alberta Municipal Finance Corporation. As a result of these restrictions development in the Nursing Home Plan facility area on the part of the municipality sector tended to slow down.

In April, 1967, The Nursing Homes Act was revised to expand the eligibility for benefits to include residents who have re-establshed their homes in Alberta and had previously resided for a period of at least ten consecutive years preceding the application for benefits.

The increase in the level of support under the Old Age Assistance program (guaranteed income supplement) by the Federal Government was reflected in that the number of Alberta residents under subsidy through the Alberta Nursing Home Plan increased from 74.4 per cent in 1966 to 86.7 per cent in 1967. Since persons eligible for Provincial Welfare subsidy are not eligible under the Nursing Home Plan, the increase in the Old Age Assistance level brought an additional number of the residents under the Nursing Home Plan. They were no longer subject to Welfare subsidy.

The increased utilization of the nursing home facilities arising out of the two major factors of increasing population and increased awareness and acceptance of the Nursing Home Plan by the residents of the Province of Alberta is reflected in an increase of 257,000 days of care in 1967 over 1966, or an increase of 23.3 per cent. This is exclusive of the change brought about through the increase of the Federal Old Age Assistance payment.

To meet the effect of the increase in price level on the financial operation of the nursing home, the subsidy paid to the owners of nursing homes by the Provincial Government was raised at the 1st of January, 1967, from $4.50 per patient day to $5.00 per patient day. The report to the Minister of Health with the recommendations for the year 1968 covering a review of the costs of operating nursing homes under the contract up to the 30th of June, 1967, is included in the Appendix for information purposes. The major problem facing the Provincial Government as the subsidizing agent is to be able to assure themselves that the services underlying the subsidy payment are being received by the subsidized residents.

The inspections of the existing nursing homes made during 1967 indicate that progress has been made in the gradual improvement in the more effective utilization of the nursing home facilities, both from the objective as well as the subjective factors. Variations still exist between different homes under contract. The inspections reveal that the owners are very receptive to suggestions for improvement and their level of co-operation still continues on a very acceptable level. It is anticipated that through education and the continued examination of standards underlying the contract the improvement will continue to develop. As stated in our previous reports, many of our contract nursing home operators reflect a measure of dedication which is commendable.

The Alberta Nursing Home Plan has received attention and study by the various Provinces across Canada. One representative group from the Government of the United States visited the Province and were interested in the function and content of the Alberta Nursing Home Plan. Sooner or later a basic assessment must be made of the Plan and it does not appear to be too early at this time to state categorically that the Alberta Nursing Home Plan has been successful in meeting a distinct need in the area of personal care for the residents of the Province of Alberta at a cost which is lower than would have resulted had this Plan not been implemented. The persons responsible represented a combination of the efforts of private enterprise, voluntary groups, municipalities, and the Provincial Government working collectively towards the attainment of the central objective of providing the necessary personal care for those residents who were unable to provide this care for themselves. To the extent that the present report reflects an improvement over the previous year, the appreciation of the Provincial Government representing the residents of Alberta must be expressed.

NORTHWEST TERRITORIES

BRITISH COLUMBIA

SASKATCH

31

29,179

32

FAIRVIEW

1 40

8,820

30

McLENNAN 1 50

17,636

1 50

1

80 1

26,984

26

26,961

28

ATHABASCA

50 1

17,003

29

1 50

27

PROVINCE OF ALBERTA
CANADA

DEPARTMENT OF PUBLIC HEALTH
HOSPITALS DIVISION
DECEMBER 31, 1967

ALBERTA NURSING HOME PLAN

UNINCORPORATED DISTRICTS AND AREAS

INCORPORATED DISTRICTS WITHOUT CONTRACT NURSING HOMES IN OPERATION

INCORPORATED DISTRICTS WITH CONTRACT NURSING HOMES IN OPERATION

LOCATION AND NUMBER OF HOMES AND BEDS IN OPERATION — 1 / 50 BONNYVILLE

LOCATION AND NUMBER OF NET ADDITIONAL HOMES AND BEDS UNDER CONSTRUCTION — STONY PLAIN 1 / 75

DISTRICT NUMBER AND POPULATION FIGURES — 17 / 14,831

COMPILED AND DRAWN AT THE OFFICE OF THE DIRECTOR OF SURVEYS, EDMONTON, ALBERTA.

SASKATCHEWAN

ROCKY MOUNTAINS

MONTANA

27 — 26,961
BARRHEAD 1 / 52
MAYERTHORPE 50 / 1
12,433

25 — 19,386

24 — 446,551
FORT SASKATCHEWAN 1 / 66
ST. ALBERT 1 / 162
9 / 1056
1 / 75 STONY PLAIN
EDMONTON

23 — 13,903
1 / 50 BONNYVILLE
1 / 50 ST. PAUL
29,942

22 — 18,311

2 — 15,854

18 — 31,834
LEDUC 1 / 50
WETASKIWIN 50 / 1

19 — 18,632
1 / 68 CAMROSE

20 — 19,738
64 / 1 VIKING

21 — 14,345

17A — 14,428
1 / 66 PONOKA

14 — 53,111
14,831

17
148 / 2 RED DEER

15 — 10,478

16 — 5,466

12 — 14,260

13 — 24,716
LINDEN 1 / 37

3 — 10,319
DRUMHELLER 1 / 40

7 — 361,107
CALGARY 14 / 1379

11 — 18,669
HIGH RIVER 34 / 1
1 / 35 VULCAN

10 — 10,794

4 — 17,141
FORT MACLEOD 50 / 1

5 — 71,738
2 / 129 LETHBRIDGE

6 — 38,203
MEDICINE HAT 2 / 154 / 52

9 — 6,115

8 — 8,850

1. ADMINISTRATIVE RESPONSIBILITY

The responsibility for the administration of The Nursing Home Plan is shared by the Nursing Home District Boards and the Hospital Services Section of the Department of Health.

A. Nursing Home District Boards

The decision to bring local boards into active participation under the plan was based upon the principle that local communities or districts are in a favourable position to assess local needs.

The province was originally divided into thirty-two potential auxiliary (long-term care) hospital districts. It was considered advisable to utilize the same geographical divisions for the purpose of setting up nursing home districts to eliminate a proliferation of boards.

Eighteen of the thirty-two districts were formally incorporated as auxiliary hospital districts under The Alberta Hospitals Act. The boards of the incorporated auxiliary hospital districts were vested with the power to construct and operate auxiliary hospitals. The Nursing Homes Act permitted these same boards to apply for the additional power to arrange for nursing home facilities. Seventeen of the districts have done so and are now known as auxiliary hospital and nursing home districts. Since the passing of The Nursing Homes Act, ten of the fourteen areas not incorporated at that time as auxiliary hospital districts have been incorporated as nursing home districts. One of the ten, formerly known as the Lacombe-Ponoka Nursing Home District No. 17, was subdivided in 1967 into two separate districts now known as the Lacombe Nursing Home District No. 17 and the Ponoka Nursing Home District No. 17A. As a result there are now eleven nursing home districts whose respective boards are vested with the power to arrange for nursing home facilities only.

The map included in this report indicates the incorporated districts with nursing home facilities in operation and under construction, the incorporated districts without nursing home facilities and the non-incorporated districts at December 31, 1967.

The incorporated districts are referred to in the balance of this report as "districts".

The primary responsibility of the district boards under The Nursing Homes Act is to arrange for nursing home facilities. Every district board is therefore required to develop a nursing home program for the district which must be approved by the Minister of Health. Twenty-four of the twenty-eight districts which have the authority to arrange for nursing home facilities have submitted programs which have been approved by the Minister of Health. Table No. 23 in the Appendix lists all districts and all nursing homes in operation or under construction at December 31, 1967.

District boards assume the responsibility for the establishment of district assessment committees. These consist of representatives of the medical profession and health and welfare agencies. In districts served by auxiliary hospitals, existing medical assessment committees for auxiliary hospitals are used for this purpose.

Under section 8 of the Act, district boards have the power either to construct and operate nursing homes or to delegate the construction and operation to some other organization or person. The right to delegation does not imply an abrogation of the responsibility. In June 1967, a directive was issued to all district boards indicating that the Provincial Government was no longer "prepared to have further nursing homes owned and operated by private enterprise". This means that new nursing home projects will be considered for approval only if they are to be owned and operated by district boards or by voluntary organizations.

Responsibility if Nursing Homes not Owned by District Boards

Where a nursing home is not owned by the district board, the responsibilities of the district board in relation to the individual nursing home include:

(1) the approval of an application made to operate a nursing home in the district under The Nursing Homes Act. The district board should obtain full particulars of ownership and sufficient information about the applicant to assess such factors as

- (i) motivation and knowledge of nursing home care needs;
- (ii) whether the applicant has public confidence or support;
- (iii) whether the applicant has sound financial backing;
- (iv) whether the applicant can assure continuity of operation with good business management; and
- (v) whether the applicant can provide qualified and trained personnel;

(2) The Nursing Homes Act and Regulations as they apply to the district; and

(3) under the powers indicated under section 8 of the Act, the board should arrange for the holding of regular meetings between the board and the contract nursing home. The main objective of these meetings would be the discussion of matters of mutual concern:

- (i) services in relation to district needs;
- (ii) relationships with the assessment committees for the purpose of achieving effective co-ordination and proper utilization of health facilities within the area;
- (iii) relationships with local and district social agencies;
- (iv) visiting policies fostering continuing interest by relatives and friends;
- (v) arrangements for patients to visit, shop, attend church and engage in social activities in the community;
- (vi) complaints received by the district board; and
- (vii) inspection reports by local and provincial authorities.

Responsibility if Nursing Home Owned and Operated by District Board

Where a district board elects to construct and operate a nursing home, its responsibilities parallel those of the hospital district boards which own and operate hospitals. Section 6 of The Nursing Homes Act applies under these circumstances:

> "Subject to this Act, an auxiliary hospital and nursing home district or a nursing home district is a hospital district within the meaning of The Alberta Hospitals Act and the board of the district has all the powers, rights, and responsibilities with respect to nursing homes that a district board has with respect to auxiliary hospitals under The Alberta Hospitals Act and Regulations, to the extent that they are applicable to nursing homes."

The district board, as a nursing home owner and operator will have the responsibilities prescribed for nursing home owners and operators under The Nursing Homes Act and Regulations.

B. Hospital Services Section

The responsibility of the Hospital Services Section of the Department of Health in the administration of the Nursing Home Plan consists of:

(1) the administration of The Nursing Homes Act, The Nursing Home Plan Regulations and The Minimum Standards of Nursing Home Construction included in the Regulations;

(2) the detailed review, inspection and approval of nursing homes in relation to The Minimum Standards of Construction prescribed by The Nursing Home Plan Regulations;

(3) the determination, approval and maintenance of standards of service in contract nursing homes;

(4) the payment to contract nursing homes of the per diem amount specified in the Regulations;

(5) the inspection and supervision of contract nursing homes; and

(6) the determination of the records to be kept and the reports to be made by the operators of the contract nursing homes.

2. NURSING HOMES UNDER THE PLAN

Table 1 shows the geographical distribution of nursing homes among the various districts which are also shown on the colour map included in this report. Table 23 (Appendix) provides a list of contract nursing homes by district.

Table 1: Number of Nursing Homes in Operation at December 31, 1967 and Additional Nursing Home Accommodation Under Construction or Being Planned as at December 31, 1967

NURSING HOME DISTRICT			IN OPERATION AT DECEMBER 31, 1967			ADDITIONAL BED ACCOMMODATION EXPECTED IN 1968		
NO.	NAME	POPULATION	NUMBER OF NURSING HOMES	TOTAL RATED BED CAPACITY	BEDS PER 1,000 POPULATION	NOW UNDER CONSTRUCTION	NOW BEING PLANNED	ESTIMATED TOTAL BED CAPACITY DECEMBER 31, 1968
1	Grande Prairie	26,984	1	80	3.0	—	—	80
3	Drumheller	10,319	1	40	3.9	—	—	40
4	Willow Creek-Claresholm	17,141	1	50	2.9	—	—	50
5	Lethbridge	71,738	2	129	1.8	—	—	129
6	Medicine Hat-Forty Mile	38,203	2	154	4.0	52	—	206
7	Calgary	361,107	14	1,379	3.8	—	200	1,579
11	Vulcan-Foothills	18,669	2	69	3.7	—	—	69
13	Mountain View - Kneehill	24,716	1	37	1.5	—	—	37
14	Red Deer	53,111	2	148	2.8	—	—	148
17	Lacombe	14,831	—	—	—	—	40	40
17A	Ponoka	14,428	1	66	4.6	—	—	66
18	Wetaskiwin-Leduc	31,834	2	100	3.1	—	—	100
19	Camrose	18,632	1	68	3.5	—	—	68
20	Flagstaff-Beaver	19,738	1	64	3.2	—	—	64
21	Wainwright-Provost	14,345	—	—	—	—	30	30
23	Lamont-Smoky Lake	13,903	—	—	—	—	60	60
24	Edmonton and Rural	446,551	11	1,284	2.9	75	—	1,359
26	Barrhead-Thorhild-Westlock	26,961	1	52	1.9	—	—	52
27	Lac Ste. Anne-Whitecourt	12,443	1	50	4.0	—	—	50
28	Athabasca-Lac La Biche	17,003	1	50	2.9	—	—	50
29	Bonnyville-St. Paul	29,942	2	100	3.3	—	—	100
30	McLennan-High Prairie	17,636	2	100	5.7	—	—	100
31	Peace River-Fairview	29,179	1	40	1.4	—	—	40
	Remainder of the Province	160,596	—	—	—	—	—	—
	Total	1,490,000	50	4,060	2.7	127	330	4,517

The Nursing Homes Act prescribes that "during the first year after the establishment of the nursing home program of a district, the number of the contract nursing home beds in the district shall not exceed approximately three for every one thousand of population in the district." On the basis of three beds per one thousand of population, approximately 4,470 nursing home beds are indicated. As shown in Table 1, several districts, whose programs have been in operation for more than one year, have had to provide more than three nursing home beds per one thousand of their respective population.

Twenty out of a potential thirty-three districts had programs in operation at December 31, 1967 and are providing a total of 4,060 beds, which, when related to the total population of the province, shows a ratio of 2.7 nursing home beds per one thousand of population. This compares to 2.5 beds for 1966, 1.9 beds for 1965 and 1.3 beds for 1964.

The significance of the expansion of the nursing home program into districts outside of the metropolitan areas of Calgary and Edmonton is illustrated in Table 2.

The opening of Drumheller's Dr. T. R. Ross Memorial Nursing Home and of the Fairview Nursing Home in 1967 marked the first involvement of district boards in direct ownership and operation of nursing homes. Building plans have been prepared for five other district-owned nursing homes on which construction is expected to start in 1968.

There has been little change from the previous year in the percentage of total beds operated by private enterprise and religious organizations.

Table 2: Geographical Distribution of Nursing Homes and Beds by Year

LOCATION	NUMBER OF HOMES				NUMBER OF BEDS			
	1964	1965	1966	1967	1964	1965	1966	1967
Calgary	11	13	14	14	836	1211	1283	1379
Edmonton	6	8	11	11	563	931	1246	1284
Remainder of the Province	9	12	20	25	433	679	1134	1397
Total	26	33	45	50	1832	2821	3663	4060

Table 3: Ownership of Nursing Homes in Operation and Under Construction or Planned at December 31, 1967

TYPE OF OWNERSHIP	NURSING HOMES IN OPERATION				PLANNED OR UNDER CONSTRUCTION	
			PERCENTAGE DISTRIBUTION			
	NUMBER OF HOMES	BED CAPACITY	HOMES	BEDS	NUMBER OF NEW HOMES	NET INCREASE IN BEDS
Private Enterprise	39	3,119	78.0	76.8	—	—
Religious Organizations	8	711	16.0	17.5	1	127
Federal Government	1	150	2.0	3.7	—	—
District Board	2	80	4.0	2.0	5	330
Total	50	4,060	100.0	100.0	6	457

3. INSPECTION AND EDUCATION

The highlight of the inspection program in 1967 was the analysis and review of a comprehensive survey questionnaire covering the contractual responsibilities of nursing homes under The Nursing Homes Act and Regulations and basic principles relating to the organization and management of a health institution. This questionnaire, which in most instances was completed by the nursing home prior to a follow-up visit, provided an excellent opportunity to discuss problem areas and to interpret and clarify statutory requirements and departmental directives. Whenever an opportunity was provided relevant matters covered in the questionnaire were reviewed and discussed with district boards and representatives of local medical assessment committees.

The items most commonly reviewed were:

(1) Alberta's concept of nursing home care—In interpreting or clarifying this concept, particularly in relation to auxiliary hospital care, it was found necessary to reiterate that:

(i) a nursing home is not a hospital and as such is not required to be staffed and equipped to provide hospital care;

(ii) even though registered nurses are on staff primarily to direct and supervise patient care programs, a nursing home is expected

to provide professional nursing care only as an adjunct to its primary function of providing nursing home or personal care. Personal care is a level of care which can be provided by nursing aides and attendants under the supervision of the nurse responsible for patient care;

(iii) when the normal or regular care needs of a patient cannot be safely assigned to nursing personnel below the training level of a graduate nurse, the patient should not be admitted to or retained in a contract nursing home.

(2) Nursing care, diversional and reactivational activity programs—Emphasis was placed on adapting these programs to the individual needs and interests of each patient and on making every effort to help patients achieve their full potential for self-care or independence.

(3) Meal service—The necessity of providing nutritionally adequate and varied meals has constantly been stressed in those nursing homes which do not employ the services of a consulting dietitian. Cycle menus have been obtained in these instances and submitted for evaluation to the Provincial Nutritionist of the Department of Health.

(4) Safety measures—Because of the nature of the disabilities and impairments common to nursing home patients, much emphasis has been placed on the establishment of fire and evacuation drills and on regular exercises being held to ensure that all staff become familiar with requirements.

(5) Administration and control of medications — The necessity for proper storage, strict control and sound procedures for the administration of medications has constantly been emphasized.

(6) In-service training program—This type of program was strongly advocated for the many untrained staff that nursing homes are compelled to hire because of the dire shortage of qualified personnel, particularly in the nursing categories. It was gratifying to learn that representatives of most of the nursing homes attended the Institute on In-Service Education sponsored by the Alberta Hospital Association in September, 1967.

(7) Personnel management—The benefits to be derived from the adoption of the basic principles of sound personnel management were pointed out to several nursing homes which lacked such essentials as written personnel policies and job descriptions. It was also noted that some owners failed to formalize in writing the responsibilities of administrators and directors of nursing and, thereby delegate specifically the necessary authority for the day to day operation of the nursing home.

Most of the patients interviewed during visits to nursing homes have expressed satisfaction and contentment with the care and services provided by their nursing home. This is the finest tribute which can be paid to nursing home staffs who, through their kindness, patience and understanding, contribute considerably to the well being and comfort of their handicapped patients.

4. PATIENT DAYS BY RESPONSIBILITY FOR PAYMENT

The total of 1,358,179 patient days in 1967 represents a 23.3% increase over the 1,101,145 days of care provided in 1966.

The Alberta Nursing Home Plan subsidy in 1967 consisted of a payment to contract nursing homes of $5.00 per day on behalf of each eligible patient. This is an increase of 50 cents over the subsidy of $4.50 per patient day paid in 1966. The total of 1,177,643 days subsidized by the plan in 1967 represents an increase of 43.7% over the 818,982 days covered in 1966. The increase is the result of a continuing expansion of nursing home facilities in 1967 and of a transfer of payment responsibility from the Department of Public Welfare to the Nursing Home Plan.

The Department of Public Welfare assumes responsibility for patients unable to pay their accounts from their own resources. The 150,670 patient days covered by Welfare in 1967 represents a decrease of 103,722 days or 40.7% less than the 254,392 days covered in 1966. The decrease is a direct result of the guaranteed income supplement added to the old age security payment for certain pensioners in 1967. The supplementary income enabled many pensioners to meet their co-insurance charges of $2.50 per day and thereby reduced the number requiring assistance from the Department of Public Welfare.

Table 4 also shows that Plan days in 1967 accounted for 86.7% of total patient days in comparison to 74.4% in 1966 while Welfare days accounted for 11.1% in 1967 as compared to 23.2% in 1966.

Table 25 (Appendix) provides a detailed distribution for each nursing home.

Table 4: Distribution of Patient Days in Contract Nursing Homes by Responsibility for Payment

RESPONSIBILITY FOR PAYMENT	TOTAL PATIENTS DAYS 1967	PERCENTAGE DISTRIBUTION		
		1967	1966	1965
Nursing Home Plan Subsidy	1,177,643	86.7	74.4	73.1
Department of Public Welfare	150,670	11.1	23.2	25.1
Federal Government	6,237	.5	.2	.1
Workmen's Compensation Board	2,680	.2	.2	.1
Non-Residents	16,927	1.2	1.4	.8
Private Paying Patients	2,782	.2	.5	.8
Not Yet Determined	1,240	.1	.1	—
Total	1,358,179	100.0	100.0	100.0

5. MOVEMENT OF PATIENTS

Table 5 presents a summary of admissions to and discharges from nursing homes in 1967 and Table 24 (Appendix) supplies the data for each nursing home.

The average daily census of nursing homes in Calgary and Edmonton reflects a higher rate of occupancy than in the nursing homes in the remainder of the province generally. This was due to more new nursing home beds being provided in the other districts during 1967 and to a much slower rate of admission experienced in several rural units. However, as at December 31, 1967, there were 53 vacant beds in Calgary or 3.8% of the total beds available in Calgary; 41 vacant beds or 3.1% in Edmonton and 80 vacant beds or 5.7% in the remainder of the province indicating a very high rate of occupancy for the province as a whole.

Table 5: Movement of Patients by Location of Nursing Home, 1967

NUMBER OF PATIENTS	LOCATION OF NURSING HOMES			
	CALGARY DISTRICT	EDMONTON DISTRICT	REMAINDER OF PROVINCE	TOTAL
In Nursing Homes January 1, 1967	1,224	1,137	1,009	3,370
In Nursing Homes December 31, 1967	1,326	1,243	1,317	3,886
Increase During 1967	102	106	308	516
Average Daily Census	1,304	1,215	1,204	3,721
Admitted During 1967*	1,111	980	1,422	3,513
Discharged During 1967	881	759	963	2,603
Died During 1967	128	115	151	394

*Includes readmissions

The comparative figures in Table 6A show that the major source of patients shifted from private homes to general hospitals in 1967. Many more direct referrals from and transfers to general hospitals are being made than is the case for auxiliary hospitals which have shown little change in this respect during the past year. Besides private homes, there has also been a decrease in transfers from other contract nursing homes and senior citizens lodges.

Table 6: Migration of Patients

(A) Source, Location of Patients Immediately Prior to Admission for Patients Admitted in 1967, Excluding Readmissions.

Patients Came From:	Number of Patients		Percentage Distribution	
	1967	1966	1967	1966
Private Homes	968	1,261	30.0	40.0
Other Contract Nursing Homes	184	228	5.7	7.2
Senior Citizens' Lodges	154	203	4.8	6.4
Homes Operated Under Welfare Homes Act	19	45	.6	1.4
Auxiliary Hospitals	414	405	12.8	12.9
General Hospitals	1,333	815	41.3	25.9
Mental Hospitals	121	115	3.7	3.7
Other (and unspecified)	36	80	1.1	2.5
Total	3,229	3,152	100.0	100.0

(B) Placement of Patients Who Left Contract Nursing Homes During the Year.

Patients Went To:	Number of Patients		Percentage Distribution	
	1967	1966	1967	1966
Private Homes	767	616	29.5	26.4
Other Contract Nursing Homes	156	237	6.0	10.1
Senior Citizens' Lodges	45	34	1.7	1.5
Homes Operated Under Welfare Homes Act	—	12	—	.5
Auxiliary Hospitals	147	141	5.6	6.0
General Hospitals	1,402	1,087	53.9	46.6
Mental Hospitals	84	78	3.2	3.3
Other (and unspecified)	2	130	.1	5.6
Total	2,603	2,335	100.0	100.0

Table 6B shows that more than half of the discharges from nursing homes during 1967 were to general hospitals which is an increase over the trend in preceding years.

Discharges to auxiliary hospitals represent only slightly over 10% of the transfers to general hospitals which is an indication that most patients are being transferred to hospitals for acute phases of illness. It is also noted that discharges to private homes represented nearly 30% of transfers from nursing homes in 1967, a significant increase over the preceding year. Referrals from and transfers to mental hospitals show a very slight increase.

Type of Accommodation

The distribution of patient days according to type of accommodation requested and paid for by patients is shown in Table 7. The 1967 percentages reflect little change in demand for preferred accommodation. However, there were 15,909 more semi-private room days in 1967 than in 1966 and 18,420 more private room days. Detailed information for each nursing home is given in Table 25 (Appendix), an analysis of which also reveals that patients who were charged for semi-private and private room accommodation accounted for 23.6% of the total days in Calgary nursing homes, 18.3% in Edmonton nursing homes and only 9.9% of the total days in the remainder of the province. Patients occupying preferred accommodation in five rural nursing homes were not assessed an extra charge, presumably because they did not request this type of accommodation.

Table 7: Percentage Distribution of Patient Days by Type of Accommodation Charged

Type of Accommodation Charged	Number of Days 1967	Percentage Distribution of Days		
		1967	1966	1965
Standard	1,121,929	82.7	81.7	84.8
Semi-Private	145,736	10.7	11.8	10.1
Private	90,514	6.6	6.5	5.1
Total	1,358,179	100.0	100.0	100.0

6. CHARACTERISTICS OF PATIENTS

Patients and Days of Care by Age, Sex and Marital Status

The summary analysis of admissions and days of care presented in Table 8 reveals the same pattern as in previous years and indicates that the very large majority of patients receiving care in the nursing homes are in the 70 years of age and over group with the largest percentage in the 80 to 89 group. Patients in the combined groups of 70 years and over accounted for 83.3% of total admissions in 1967 and received 86.5% of the total days of care. Patients 80 years and over accounted for 54% of total admissions and 60.8% of total days of care.

Table 8: Admissions and Days of Care by Age Group

Age Group	Population	Admissions	Days of Care During 1967	Average Census of Nursing Home Patients	Percentage Distribution		Average Census of Patients Per 1,000 Population
					Population	Days of Care	
0-9	349,300	5	396	1.1	23.4	*	**
10-19	298,300	7	297	.8	20.0	*	**
20-29	201,800	5	2,086	5.7	13.5	.1	.03
30-39	190,600	22	5,360	14.7	12.8	.4	.08
40-49	170,600	43	14,830	40.6	11.5	1.1	.24
50-59	126,100	120	39,163	107.3	8.5	2.9	.85
60-69	83,200	360	113,095	309.8	5.6	8.3	3.72
70-79	49,600	1,028	349,067	956.4	3.3	25.7	19.28
80-89	18,800	1,542	661,063	1,811.1	1.3	48.7	96.34
90 and over	1,700	357	164,731	451.3	.1	12.1	265.47
Age not stated	—	24	8,091	22.2	—	.6	—
Total	1,490,000	3,513	1,358,179	3,721.0	100.0	100.0	2.50

*Less than .05
**Less than .005

The ratio of male to female patients in nursing homes in 1967 has shown little change from previous years. In 1967 it was 41.5% to 58.5% respectively as compared to 40% and 60% in 1966 and 38% male patients to 62% female patients in 1965. It is an indication, however, that an increasing number of male patients are being admitted. Only 18.6% of the patients in nursing homes at December 31, 1967 were married persons, which is a slight percentage increase over the 17.8% reported for 1966. Over 45% of all patients in nursing homes at the end of 1967 were female patients classified as widowed, separated or divorced, and less than 20% of all patients were male patients in the same classification.

Table 9 also shows that there were 443 single men as compared to 186 single women.

Table 26 (Appendix) presents a combined summary of patients by age, sex and marital status.

Table 9: Distribution of Patients by Sex and Marital Status, 1967

	Patients Discharged or Deceased						Patients in Nursing Home on December 31, 1967					
	Male		Female		Total		Male		Female		Total	
Marital Status	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Married	408	28.4	239	15.4	647	21.6	406	25.2	316	13.9	722	18.6
Single	334	23.2	101	6.4	435	14.5	443	27.5	186	8.2	629	16.2
Widowed, Divorced or Separated	695	48.4	1,220	78.2	1,915	63.9	763	47.3	1,772	77.9	2,535	65.2
Total	1,437	100.0	1,560	100.0	2,997	100.0	1,612	100.0	2,274	100.0	3,886	100.0

Physical and Mental Condition of Patients

The function of a contract nursing home is to provide supervision and assistance to its patients in meeting their personal care needs. At the same time the nursing home is expected to make every effort to help patients achieve their full potential for self-care or independence. The need for and the extent of the supervision and personal care required in any one case are determined by the physical and mental conditions of the individual patient. Tables 10 to 15 inclusively, illustrate these needs by geographical divisions which were selected on the basis of a nearly equal distribution of nursing home beds among the three areas.

Bed Care Needs and Dressing Ability

Table 10 shows the ratio of patients on the basis of whether or not assistance was provided in getting them in and out of bed, the percentages of those requiring actual lifting in and out of bed and the per cent of those requiring continuous full bed care.

Table 10 also points out the degree of assistance required by patients in dressing and also shows the percentage of those who are not dressed, other than in bed clothes. Patients are encouraged to be up and dressed in their own personal "day" clothes.

Table 10: Percentage Distribution of Patients in Nursing Homes at December 31, 1967 by Bed Care Needs and Dressing Ability

	Calgary District	Edmonton District	Other Districts	All Districts
By Bed Care Needs				
In and Out of Bed				
Without Assistance	58.6%	73.8%	53.7%	61.8%
Some Assistance Required	25.4	14.4	23.5	21.2
Lifting Required	12.6	8.0	17.5	12.8
Continuous Full Bed Care	3.4	3.8	5.3	4.2
Total	100.0%	100.0%	100.0%	100.0%
By Dressing Ability				
Independent	49.9%	60.3%	45.6%	51.8%
Some Assistance	24.4	19.1	18.9	20.8
Complete Assistance	21.3	13.3	24.7	19.9
Not Dressed (Other Than Bed Clothes)	4.4	7.3	10.8	7.5
Total	100.0%	100.0%	100.0%	100.0%

Mobility of Patients and Need for Positional Transfers

The walking status or the degree of mobility of patients is shown in Table 11 which is divided into percentage of patients able to walk with or without assistance and patients unable to walk who are classified on the basis of confinement to and mobility in a wheelchair, confinement to bed or to a chair other than a wheelchair. While 76% of the patients were able to walk, nearly one-third of the "walkers" required walking aids such as canes and crutches or required staff assistance; 16% of the patients were mobile in wheelchairs of whom less than one-third were able to propel their wheelchairs unassisted leaving approximately 8% of the patients who were not mobile at all and confined to a chair or bed.

Table 11 also shows the percentages of patients on the basis of ability to transfer to or from sitting and standing positions and the ratio of those requiring assistance in transferring to and from the bath tub and toilet.

The majority of patients were able to make the specified positional transfers unassisted with the exception of transfers to and from the bath tub. The ratio in the latter category is reversed because it is the policy in most nursing homes to assist most if not all patients into and out of the tub to obviate the greater hazard of injury in this situation.

Table 11: Percentage Distribution of Patients in Nursing Homes at December 31, 1967 By Degree of Mobility and By Ability to Make Positional Transfers

	Calgary District	Edmonton District	Other Districts	All Districts
By Degree of Mobility				
Able to Walk				
Without Assistance	51.9%	55.8%	46.0%	51.1%
With Walking Aids and Without Staff Assistance	17.6	15.7	13.6	15.6
With Staff Assistance	8.1	9.4	10.4	9.3
Unable to Walk				
Wheelchair Patients				
Mobile Without Assistance In and Out of Wheelchair	5.3	4.5	4.2	4.6
Mobile With Assistance In and Out of Wheelchair	6.5	3.5	7.1	5.8
Unable to Propel Wheelchair	3.9	3.7	9.3	5.7
Confined to Bed or To Chair Other Than Wheelchair	6.7	7.4	9.4	7.9
Total	100.0%	100.0%	100.0%	100.0%
By Ability to Make Positional Transfers				
Sitting— Independent	84.6%	79.8%	75.1%	79.9%
Need Assistance	15.4	20.2	24.9	20.1
Standing— Independent	80.2	78.8	66.4	75.1
Need Assistance	19.8	21.2	33.6	24.9
Tub— Independent	12.1	16.8	21.6	16.8
Need Assistance	87.9	83.2	78.4	83.2
Toilet— Independent	73.5	73.3	61.5	69.4
Need Assistance	26.5	26.7	38.5	30.6

Feeding Ability and Meal Service

Over 27% of all patients required varying degrees of supervision and assistance in feeding. As indicated in Table 12 about 7% of all patients required complete assistance to be fed.

The second section of Table 12 shows that over 35% of all patients, most of whom are not bedridden were served meals in their own rooms. Analysis of the returns in respect to utilization of dining rooms reveals a significant difference between newly established nursing homes and those which pre-existed the coming into force of The Nursing Homes Act and Regulations. In the latter category, there were no dining rooms provided in three nursing homes, two of which provided meal service in lounges to a small number of their patients. The percentages on utilization of dining rooms provided in the other 47 nursing homes varied from a high of 93% in a nursing home established in 1964

to a low of 23% in a nursing home which has been operating for several years. The main reasons for low utilization of these facilities, are the inadequacy of dining rooms to accommodate all patients able to eat out of their rooms; reluctance on the part of certain operators to change over from the old concept of hospital-type tray service in rooms; reluctance on the part of patients to change long standing habits or to mingle with other patients and finally the necessity to isolate certain patients, who, often at their own request, wish to eat alone because of poor eating habits resulting from infirmities.

Table 12: Percentage Distribution of Patients in Nursing Homes at December 31, 1967 By Feeding Ability and By Type and Location of Meal Services

	Calgary District	Edmonton District	Other Districts	All Districts
By Feeding Ability				
No Assistance	73.1%	77.5%	68.6%	73.0%
Some Assistance or Supervision	21.2	16.6	22.2	20.1
Complete Assistance to be Fed	5.7	5.9	9.2	6.9
Total	100.0%	100.0%	100.0%	100.0%
Eat in Dining Rooms	56.1%	58.7%	65.7%	60.2%
Eat in Lounges, etc.	3.6	4.3	4.4	4.1
Tray Service in Their Own Rooms	40.3	37.0	29.9	35.7
Total	100.0%	100.0%	100.0%	100.0%

Personal Hygiene

The percentages of patients requiring assistance to meet their daily hygienic needs are shown in Table 13. It also shows that 43.3% of all male patients required assistance for shaving.

Because of the hazard involved, many nursing homes have adopted a policy of assisting patients into and out of the bath tub regardless of their physical condition. This accounts for the high percentage of patients classified as requiring assistance or supervision in this category. Table 13 also shows a very small percentage of patients who require bathing in bed or at the bedside.

Problems of incontinence exist in every nursing home. Table 13 indicates that nearly 27% of all patients were incontinent.

Table 13: Percentage Distribution of Patients in Nursing Homes at December 31, 1967 By Ability to Perform Personal Hygiene Functions and By Degree of Continence

		Calgary District	Edmonton District	Other Districts	All Districts
By Personal Hygiene Functions					
Wash Face and Hands	—Independent	62.9%	71.9%	62.9%	65.7%
	Need Assistance	37.1	28.1	37.1	34.3
Brush Teeth and Clean Dentures	—Independent	57.1	67.5	55.6	59.9
	Need Assistance	42.9	32.5	44.4	40.1
Comb Hair	—Independent	58.9	66.7	59.3	61.6
	Need Assistance	41.1	33.3	40.7	38.4
Shave	—Independent	65.2	55.5	50.7	56.7
	Need Assistance	34.8	44.5	49.3	43.3
Bathing In Bathroom	—Independent	17.9	12.5	11.5	14.0
	Some Assistance	51.7	43.1	40.8	45.3
	Complete Assistance	27.0	42.7	43.2	37.5
At Bedside		3.4	1.7	4.5	3.2
Total		100.0%	100.0%	100.0%	100.0%
By Degree of Continence					
Continent		75.8%	77.5%	66.3%	73.1%
Incontinent	—Urinary Incomplete	8.8	6.9	11.2	9.0
	Urinary Complete	2.7	7.3	7.6	5.8
	Fecal only	.4	.7	.7	.6
	Urinary and Fecal	12.3	7.6	14.2	11.5
Total		100.0%	100.0%	100.0%	100.0%

Sense Functions and Ability to Communicate

Ability and impairment with respect to the senses of sight and hearing and to the faculties of speech and understanding are shown in Table 14. Slightly over 1% (42) of all patients were unable to communicate because no other patient or staff member could speak their language.

Table 14: Percentage Distribution of Patients in Nursing Homes at December 31, 1967 By Sense Functions and Ability to Communicate

	Calgary District	Edmonton District	Other Districts	All Districts
Speech				
Normal	83.6%	84.2%	74.1%	80.6%
Impaired	13.4	14.4	20.8	16.2
Absent	3.0	1.4	5.1	3.2
Vision				
Normal*	67.4	58.5	66.5	64.3
Impaired	30.7	39.7	30.1	33.3
Absent	1.9	1.8	3.4	2.4
Hearing				
Normal	57.3	59.2	64.6	60.4
Impaired	40.8	38.5	32.6	37.3
Absent	1.9	2.3	2.8	2.3
Understanding				
Normal	58.8	62.9	60.9	60.8
Impaired	32.9	28.7	28.6	30.1
Absent	8.3	8.4	10.5	9.1
Language				
Problem	1.3	.8	1.1	1.1

*Includes those who require spectacles or other lenses in order to read.

Mental and Behaviour Status of Patients

Some patients are admitted to nursing homes because their physical and mental condition is so deteriorated that it is impossible for them to live by themselves or with their family. They may also be handicapped by emotional and behavioural disturbances which further complicate their physical disabilities.

Nursing homes must therefore adapt their care programs to the physical, mental and behavioural capacities of each patient to perform the ordinary activities of daily living. As a result a care program for a patient with severe physical limitations but with no significant emotional or behavioural problems will not be the same as for a patient having minimal physical impairment but requiring maximum supervision for personal safety, or for the extreme case requiring total nursing care and supervision because of severe physical disability complicated by substantial impairment of mental and behavioural capacity.

Table 15 indicates that over 56% of all patients showed some degree of confusion. Many patients in

Table 15: Percentage Distribution of Patients in Nursing Homes at December 31, 1967 By Mental and Behaviour Status

	Calgary District	Edmonton District	Other Districts	All Districts
Mental Status				
Normal	43.5%	46.6%	41.6%	43.9%
Confused				
Part of the time	28.5	25.1	27.6	27.1
Most of the time	15.0	14.2	15.5	14.9
Completely	13.0	14.1	15.3	14.1
Total	100.0%	100.0%	100.0%	100.0%
Behaviour Status				
Socially responsible (normal) behaviour	41.5%	42.8%	39.9%	41.4%
Confused but co-operative and behaviour harmless	30.9	34.5	31.9	32.4
Withdrawn, socially unresponsive	8.5	7.6	9.0	8.4
Belligerent, aggressive, unco-operative, or noisy	8.4	8.9	7.6	8.3
Wander if not closely supervised	6.0	3.5	6.3	5.3
Emotional stagnation (completely passive)	4.7	2.7	5.3	4.2
Total	100.0%	100.0%	100.0%	100.0%

this classification are the so called "senile" patients who are not psychotic and show no symptoms which might cause them to be a danger to themselves or to others. They include a significant number with minimal physical disability but who require protected living arrangements and supervision to prevent them from wandering, to keep them clean and properly dressed and to protect the degree of health they still have.

Table 15 also provides a classification of patients on the basis of behaviour. Patients were assessed by directors of nursing and placed in a category which best described their individual behaviour or predominant mood.

7. TREATMENT AND SERVICES PROVIDED

The preceding section dealt with the characteristics identifying the physical and mental conditions requiring personal care and supervision which are essential elements of nursing home care. This section lists the treatment and services which nursing homes must also provide to maintain the health of their patients.

Oral Medications and Injections

Table 16 presents a distribution of patients receiving oral medications by frequency of administration. Over 23% of all patients required medication more frequently than three times a day and over 10% required no medication at all.

Over 14% of all patients in nursing homes received medication by injection. Specified in the "other" injectables, were 47 patients who required Thiomerin and nine patients who received Sparine by injection. Some nursing homes did not specify the injectables included in the "other" classification.

The table also shows that over 32% of all patients required medication to induce sleep.

Table 16: Number and Per Cent of Patients Who at December 31, 1967 Were Receiving Oral Medications and Injections

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Oral Medications Administered								
Once a Day	265	19.7%	315	25.2%	252	19.0%	932	21.2%
Twice a Day	241	18.0	168	13.4	244	18.4	653	16.7
Three Times a Day	425	31.7	341	27.3	308	23.2	1,074	27.4
More Frequently	229	17.1	360	28.8	341	25.7	930	23.7
Total	1,160	86.5%	1,184	94.7%	1,145	86.3%	3,489	89.0%
Injections Administered								
Insulin	56	4.2%	56	4.5%	51	3.9%	163	4.2%
B-12	49	3.7	80	6.4	60	4.5	189	4.8
Other	53	3.9	94	7.5	52	3.9	199	5.1
Total	158	11.8%	230	18.4%	163	12.3%	551	14.1%
Patients Requiring Medication to Induce Sleep	511	38.1%	419	33.5%	357	26.9%	1,287	32.6%

Special Diets

As shown in the following table nearly 38% of all patients were served special diets thus indicating that nearly two-thirds of all patients were on regular diet.

Table 17: Number and Per Cent of Patients Who at December 31, 1967 Were Being Served Special Diets

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Special Diets								
Diabetic	148	11.0%	191	15.3%	167	12.6%	506	12.9%
Low Fat	25	1.9	55	4.4	52	3.9	132	3.4
Low Salt	128	9.5	94	7.5	185	14.0	407	10.4
Bland and Ulcer	58	4.3	35	2.8	55	4.1	148	3.8
Other Special Diets	56	4.2	105	8.4	132	10.0	293	7.4
Total	415	30.9%	480	38.4%	591	44.6%	1,486	37.9%

Other Types of Treatment and Services

Table 18 lists other treatments and services being provided in the nursing homes. In comparing these figures with those submitted for 1966, it is of interest to note that only 143 patients received physiotherapy in 1966 as compared to 565 and 777 patients on range of motion and group exercises respectively, in 1967. The main purpose of these exercises in a nursing home is the preservation and improvement of function and for some patients to prevent the formation of contractures of joints.

Diversional and Recreational Activities

One of the main purposes of a diversional and recreational activities program in a nursing home is to overcome inactivity and boredom, prime causes of physical and mental deterioration. The greatest and perhaps the most difficult challenge to nursing home staffs is to instigate the stimulation and motivation required to bring about the involvement of elderly patients in the program.

Much progress has been made and as indicated in Table 19 the majority of the patients have become involved. However, among the many who do not participate, a significant number could, but are reluctant and actually refuse to mingle or associate with others.

Table 18: Number and Per Cent of Patients Who at December 31, 1967 Were Receiving Other Types of Treatment and Services

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Physiotherapy—								
Group Exercises	420	31.3%	173	13.8%	184	13.9%	777	19.8%
Range of Motion Exercises	169	12.6	161	12.9	235	17.7	565	14.4
Change of Dressings	36	2.7	80	6.4	51	3.9	167	4.3
Indwelling Catheter	—	—	16	1.3	27	2.0	43	1.1
Require Help In Applying								
Prosthesis	7	.5	10	.8	12	.9	29	.7
Brace	10	.8	7	.6	11	.8	28	.7
Colostomy Care	4	.3	8	.6	8	.6	20	.5
Oxygen (taken frequently)	—	—	5	.4	3	.2	8	.2

Table 19: Number and Per Cent of Patients Who Participated in Diversional Activities

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Participants In Organized Group Activities								
In the Nursing Home	758	56.5%	614	49.1%	784	59.1%	2,156	55.0%
In the Community	114	8.5	129	10.3	155	11.7	398	10.2
Non-Participants	550	41.0	566	45.2	487	36.7	1,603	40.9
Participants In Individual Activities								
In the Nursing Home	900	67.1%	784	62.7%	877	66.1%	2,561	65.3%
In the Community	146	10.9	63	5.0	101	7.6	310	7.9
Non-Participants	435	32.4	402	32.1	423	31.9	1,260	32.2

In several nursing homes a wide variety of activities is provided in order to meet the needs and interests of as many patients as possible. The most common activities provided are:

(1) Within the nursing home:

(i) by outside groups: church services; entertainment by church organizations, service clubs and youth groups; bingo; movies and slides; birthday parties and teas;

(ii) by the nursing home: T.V. and radio; birthday and anniversary parties; handicraft; games; bingo; stereo music; library; sewing; singing and choir practice;

(iii) by the patients: radio, T.V. and piano playing; cards, checkers and other games; sewing, knitting, rug making and other handicraft; gardening and walking.

(2) In the community: church attendance; car rides and tours; concerts, exhibitions, teas and bazaars; club and lodge meetings; shopping; bingo games; attendance at sports events and games, and hospital visiting.

Visiting

Table 20 shows the extent of visiting by relatives and friends. The percentages of patients visited during 1965, 1966 and 1967 show very little change. Patients visited regularly represented 60% of all patients during 1966 and 1967.

Table 20: Number and Per Cent of Patients By Frequency of Visits

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Number Visited Regularly	781	58.2%	860	68.7%	708	53.4%	2,349	60.0%
Number Visited Occasionally	402	30.0	262	21.0	466	35.1	1,130	28.8
Number Not Visited	159	11.8	129	10.3	152	11.5	440	11.2
Total	1,342	100.0%	1,251	100.0%	1,326	100.0%	3,919	100.0%

8. STAFFING

Table 21: Number and Types of Personnel Employed as at December 31, 1967*

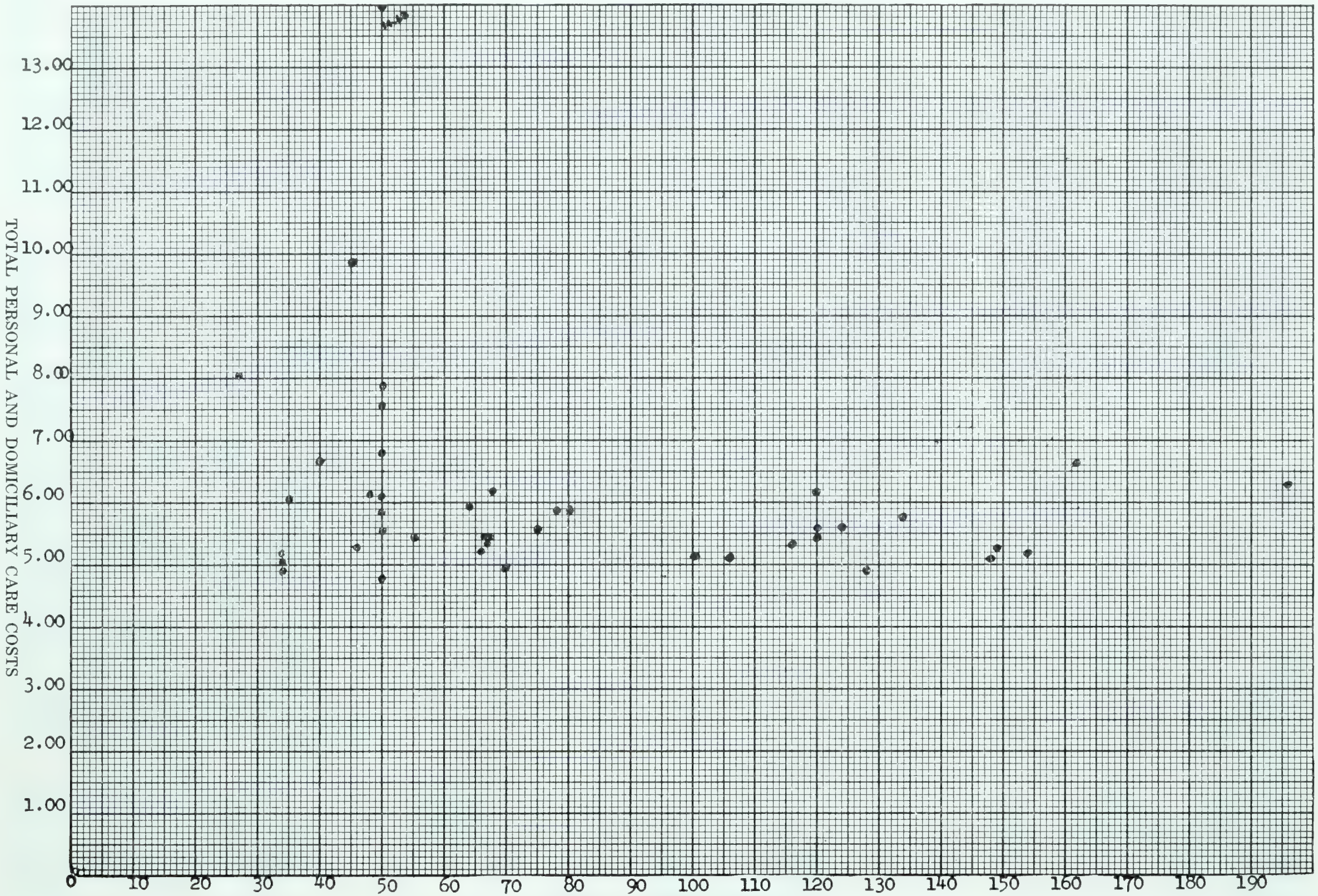
	1966			1967		
	Number Employed		Percentage Distribution	Number Employed		Percentage Distribution
	F.T.	P.T.**		F.T.	P.T.**	
General Nursing Services:						
Registered Nurses	91	83	8.0%	88	124	8.6%
Graduate Nurses	31	25	2.6	19	17	1.5
Certified Nurses Aides	39	16	2.8	73	24	4.8
Orderlies	59	30	4.4	32	31	2.7
Other Nursing Staff	561	203	39.7	570	235	39.0
Total General Nursing Services	781	357	57.5%	782	431	56.6%
Other Special Services	13	10	1.1%	25	30	2.3%
General Services:						
Administration	73	19	5.0%	66	63	5.5%
Dietary	300	90	20.7	296	140	20.7
Laundry	61	25	4.4	61	39	4.6
Housekeeping	131	33	8.9	133	45	8.8
Operation and Maintenance of Physical Plant	36	13	2.5	17	19	1.5
Total General Services	601	180	41.4%	573	306	41.1%
Total of all Staff	1,395	547	100.0%	1,380	767	100.0%

*Does not include employees of the Veterans' Home, Edmonton.

**In calculating percentages, two part-time employees have been considered the equivalent of one full-time employee.

TABLE 22

PERSONAL AND DOMICILIARY CARE COSTS IN
CONTRACT NURSING HOMES BY SIZE OF NURSING HOME



INFORMATION TAKEN FROM 1967 MONTHLY REPORTS OF NURSING HOMES TO THE DEPARTMENT

The ratio of total staff to total patients has shown very little variation in 1967 as compared to previous years. When the part-time personnel are equated into full-time at the rate of two to one and excluding the staff and patients of the Edmonton Veterans' Home, there are the equivalent of 1,763 full-time staff employed in nursing homes looking after a total of 3,757 patients. This is a ratio of 46.9 staff for every 100 patients or 1 staff for every 2.1 patients.

A summary of staff employed in nursing homes at the end of 1967 is shown in Table 21. Details for individual institutions are given in Table 28 (Appendix).

9. FINANCIAL

The accompanying graph presents the relationship of per day costs (personal and domiciliary care) to size of nursing home on the basis of information presented by nursing homes for one year's operations ending December 31, 1967.

Generally it can be stated that there does not appear to be any correlation between costs and size of nursing homes in the period under review.

A review of the 8 nursing homes having costs above $6.50 as indicated on the graph was made and it was found that low occupancy in 6 of the 8 homes was the primary cause for the higher costs experienced. The occupancy for these 6 homes during 1967 ranged from 44% to 65%.

Table 24: Rated Bed Capacity, Movement of Patients, Percentage Occupancy and Average Length of Stay, 1967

Nursing Home	Bed Capacity as at December 31, 1967	Number of Patients					Percentage Occupancy	Average Stay in Days	
		In Nursing Homes January 1, 1967	In Nursing Homes December 31, 1967	Admitted During 1967	Discharged or Died During 1967	Average Patient Census		Discharged Patients	Patients Still in Nursing Home December 31
Calgary, Beverly	34	31	33	41	39	32.3	95.1	263.8	515.4
Calgary, Blunt's Kenwood	96	94	96	76	74	94.3	98.2	274.8	604.4
Calgary, Bow-Crest	67	66	67	33	32	66.5	99.3	570.2	653.6
Calgary, Bow View	154	146	151	154	149	144.0	93.5	269.4	472.2
Calgary, Brentwood	120	116	119	57	54	117.4	99.2	454.0	678.7
Calgary, The Cedars Villa	148	148	145	64	67	147.1	99.4	461.4	647.8
Calgary, Central Park Lodge	120	96	112	113	97	114.8	95.6	265.5	438.4
Calgary, Chinook	149	100	146	175	129	138.9	93.2	209.5	365.4
Calgary, Glamorgan	58	58	58	33	33	57.3	98.7	379.2	683.1
Calgary, Father Lacombe	100	91	95	109	105	97.5	97.5	227.4	452.3
Calgary, Mayfair	142	122	119	65	68	120.8	85.0	395.9	491.5
Calgary, Meadowbrook	27	—	25	54	29	11.1	79.6	44.0	109.4
Calgary, Scottish	44	43	44	30	29	43.4	98.7	163.4	409.1
Calgary, Southwood	120	113	116	107	104	116.4	98.3	358.5	476.1
Subtotal	1,379	1,224	1,326	1,111	1,009	1,301.8	95.5	301.2	483.6
Edmonton, Central Park Lodge	124	116	117	117	116	117.9	95.1	329.1	534.0
Edmonton, Veterans' Home (D.V.A.)	150	75	129	181	127	127.5	85.0	113.4	200.8
Edmonton, Good Samaritan	196	192	194	131	131	194.1	99.0	347.9	474.5
Edmonton, Hardisty	134	93	132	145	106	104.3	96.6	307.4	409.1
Edmonton, Holyrood	75	70	75	73	68	73.9	98.5	154.8	279.2
Edmonton, Jubilee Lodge	128	127	128	50	49	127.1	99.1	427.4	808.1
Edmonton, Rivercrest Lodge (Ft. Sask.)	66	62	65	45	42	65.0	98.5	234.7	444.8
Edmonton, Sherbrooke Lodge	116	109	114	84	79	114.0	98.2	307.3	511.7
Edmonton, Venta	55	55	53	28	30	53.8	97.8	389.6	544.4
Edmonton, Westhaven	78	76	77	50	49	77.0	98.7	374.5	511.9
Edmonton, Youville (St. Albert)	162	162	159	74	77	160.8	99.2	515.3	628.7
Subtotal	1,284	1,137	1,243	980	874	1,215.4	96.6	304.4	486.8
Athabasca, Blunt's	50	—	41	77	36	30.1	60.2	65.0	169.3
Barrhead, Barrhead	52	50	51	39	38	50.9	97.9	268.8	361.1
Bonnyville, Blunt's	50	27	49	72	50	37.2	74.5	116.6	208.0
Camrose, Bethany	68	67	68	44	43	67.6	99.4	326.0	509.8
Drumheller, Dr. T. R. Ross Memorial	40	—	37	63	26	34.3	85.8	79.1	197.7
Fairview, Fairview	40	—	36	53	17	25.3	63.4	88.4	147.7
Fort Macleod, Blunt's	50	43	46	61	58	45.9	91.9	225.4	286.1
Grande Prairie, Central Park Lodge	80	74	78	66	62	78.3	97.9	291.8	436.6
High Prairie, Gamelin	50	—	35	48	13	17.9	44.2	36.8	135.6
High River, Twilight	34	26	33	33	26	30.6	90.1	330.1	587.4
Leduc, Blunt's	50	35	48	88	75	45.2	90.7	118.2	233.6
Lethbridge, Devon	59	58	56	47	49	57.4	97.2	346.3	510.9
Lethbridge, Edith Cavell	70	70	70	41	41	69.4	99.1	321.8	459.6
Linden, Linden	37	35	37	29	27	35.7	96.5	401.4	529.8
McLennan, Notre Dame Du Lac	50	28	32	38	34	28.3	92.0	222.2	307.8
Mayerthorpe, Blunt's	50	—	42	116	74	31.7	75.3	69.5	141.6
Medicine Hat, Baptist Haven of Rest	48	47	48	36	35	47.3	98.5	420.6	511.9
Medicine Hat, River View	106	100	104	49	45	105.3	99.3	425.7	557.0
Ponoka, Northcott Lodge	66	64	64	69	69	63.4	96.0	235.1	341.1
Red Deer, Red Deer	78	78	78	49	49	77.5	99.4	330.6	518.3
Red Deer, West Park	70	68	70	47	45	69.6	99.4	313.9	551.3
St. Paul, Blunt's	50	38	49	76	65	46.9	93.7	133.1	277.9
Viking, Blunt's*	64	31	62	88	57	50.3	78.6	124.8	225.6
Vulcan, Blunt's	35	21	35	62	48	32.6	93.0	109.9	248.1
Wetaskiwin, Green Acres	50	49	48	31	32	49.9	99.7	288.2	418.0
Subtotal	1,397	1,009	1,317	1,422	1,114	1,228.6	93.0	223.9	380.6
Grand Total	4,060	3,370	3,886	3,513	2,997	3,745.8	95.0	273.4	462.9

*Patients in hospital December 31, 1966 incorrectly reported in 1966.

ANHP

ALBERTA
NURSING HOME PLAN

A HAPPIER WAY OF LIFE

FOR THOSE WHO NEED NURSING HOME CARE

Handicrafts on Display and Refreshments

Exercise Period

GENERAL INFORMATION

The purpose of The Alberta Nursing Home Plan, which was established in April 1964, is to provide care for those who are not well enough to be accommodated in a senior citizens' lodge and yet not sick enough to be in a hospital. The Plan, however, is not restricted to senior citizens but is intended for any person requiring such personal services as help in walking and getting in and out of bed, assistance with bathing, dressing or feeding, preparation of special diets, supervision of medications and other types of personal assistance of this order.

The nursing homes which operate under the Plan are approved by the local board of the nursing home district in which they are located and are subject to the requirements of The Nursing Homes Act and Regulations and to the supervision of the Hospital Services Section of the Department of Health which administers the Plan in conjunction with the district boards.

All new nursing homes being built must comply with the Minimum Standards of Nursing Home Construction which prescribe in addition to essential services such extra facilities as barber and beauty shops and areas for the provision of diversional and religious activities.

BENEFITS

The benefits provided under the Plan consist of a payment of $5.00 per patient per day by the Province for nursing home care given by a contract nursing home. Nursing home care includes the following services:

(a) accommodation, meals and laundry;
(b) personal services such as help and supervision in cleanliness, mobility, safety, feeding and dressing;
(c) special diets when necessary;
(d) routine drugs and dressings as ordered by the attending physician;
(e) recreational, diversional and re-activational activities.

EXCLUSIONS

Services which are not included as benefits under the Plan and for which patients must assume financial responsibility are:

(a) doctors' fees;
(b) ambulance service;
(c) transportation to or from the nursing home;
(d) special laundry and dry cleaning services;
(e) special drugs and medical and surgical supplies and prosthetic and other appliances;
(f) differential charges between standard ward and private or semi-private accommodation when private or semi-private accommodation is provided at the patient's request.

ELIGIBILITY FOR BENEFITS

Benefits are provided under the Plan for any patient in a contract nursing home who

(a) has been found by a duly appointed medical assessment committee to require care in a nursing home; and
(b) has established his home in Alberta and has resided in Alberta either
  (i) for the three consecutive years immediately preceding the application for benefits, or
  (ii) for a period of at least ten consecutive years at any time preceding the application for benefits.

A temporary absence of less than twelve consecutive months from Alberta is not considered to be a break in this residency requirement providing that

A Religious Service

Quilting Bee

Sewing Machine

A Well Appointed Dining Room

a person left with the intention of returning to his home in Alberta.

However, benefits may not be paid in respect of a patient where payment for his care in a nursing home

(a) is the responsibility of
  (i) the Department of Public Welfare;
  (ii) the Workmen's Compensation Board;
  (iii) the Department of Veterans' Affairs (Canada);
  (iv) the Department of National Defence (Canada); or
  (v) the Indian and Northern Health Services of the Department of National Health and Welfare (Canada); or

(b) is provided for under any other statute.

Persons who do not qualify for benefits either because they have been assessed as not requiring nursing home care or because they do not meet residency requirements are responsible for payment of a rate determined by the contract nursing home.

However, where a person requires nursing home care but does not meet residency requirements and is unable to pay the full rate charged he may apply for assistance to the nearest regional office of the Department of Public Welfare.

No benefits are provided for care in a nursing home outside of Alberta.

CONTRACT NURSING HOMES

Contract nursing homes are nursing homes in Alberta which have

(a) been approved by the board of the nursing home district in which they are located; and

(b) entered into a contract with the Minister of Health for the provision of nursing home care in accordance with the requirements of The Nursing Homes Act and Regulations.

An up-to-date list of contract nursing homes may be obtained by contacting Hospital Services Section, Department of Health, Administration Building, Edmonton.

Patients may enjoy their own furnishings

Family Gathering

APPLICATION FOR ADMISSION TO A CONTRACT NURSING HOME

A person seeking admission to a contract nursing home should follow the procedure outlined below.

(a) The attending physician of the prospective nursing home patient must complete an Auxiliary Hospital and Nursing Home Admission Assessment Form DH. HS. 290. This form is available at all auxiliary hospitals and contract nursing homes and at most general hospitals. In any event, the form may be obtained directly from Hospital Services Section, Department of Health, Edmonton.

(b) When completed, all three copies of the Form DH. HS. 290 must be submitted to the Medical Assessment Committee of an auxiliary hospital or of a nursing home district where such a district is not served by an auxiliary hospital.

(c) To ensure that the applicant is referred to the type of institution which best provides the care required, the Medical Assessment Committee will determine whether the applicant requires auxiliary hospital care or nursing home care. For this reason the applicant's attending physician should also indicate on Form DH. HS. 290
  (i) the name of the auxiliary hospital to which the applicant would prefer being admitted, should he be assessed as requiring auxiliary hospital care; and
  (ii) the name of the contract nursing home to which the applicant would prefer being admitted, should he be assessed as requiring nursing home care.

(d) Once the applicant has been assessed as requiring nursing home care, he should then make arrangements necessary for admission to the contract nursing home of his choice, directly with that nursing home.

RATES CHARGEABLE TO ELIGIBLE PATIENTS

Patients eligible under The Nursing Homes Act are required to pay an amount not exceeding:

(a) $3.00 per day for standard ward;

(b) $5.00 per day for semi-private room when such accommodation has been provided at the patient's request;

(c) $8.00 per day for private room when such accommodation has been provided at the patient's request.

Patients who are unable to pay in whole or in part the charges of $3.00 per day for standard ward may apply for assistance to the nearest regional office of the Department of Public Welfare.

ENQUIRIES

Enquiries regarding an individual contract nursing home may be addressed to the board of the local nursing home district in which the contract nursing home is located.

Additional information may be obtained by contacting

HOSPITAL SERVICES SECTION,
DEPARTMENT OF HEALTH,
ADMINISTRATION BUILDING,
EDMONTON, ALBERTA.

Printed by L. S. Wall, Queen's Printer For Alberta, 1968

Dining Together

Even the Young are Involved

Table 25: Distribution of Patient Days During Year by Responsibility for Payment and by Type of Accommodation Charged, 1967

Nursing Home	Type of Accommodation Charged				Responsibility for Payment					
	Total Patient Days During Year	Standard Ward	Semi-Private Ward	Private Room	Nursing Home Plan	Department of Public Welfare	Federal Government	Workmen's Compensation Board	Non-Resident	Private Paying Patients
Calgary, Beverly	11,805	9,935	1,636	234	9,348	2,012	51	—	371	—
Calgary, Blunt's Kenwood	34,406	31,174	1,698	1,534	32,546	1,919	—	—	—	—
Calgary, Bow-Crest	24,287	22,791	1,131	365	16,591	7,696	—	—	—	—
Calgary, Bow View	52,566	44,913	5,771	1,882	37,456	13,170	29	—	548	1,169
Calgary, Brentwood	42,851	30,739	7,352	4,760	39,679	2,853	—	—	565	—
Calgary, The Cedars Villa	53,709	37,250	15,771	688	46,293	6,530	—	365	493	—
Calgary, Central Park Lodge	41,893	29,960	—	11,933	36,258	1,949	—	—	1,668	—
Calgary, Chinook	50,689	38,491	8,266	3,932	44,995	4,602	—	—	1,064	—
Calgary, Glamorgan	20,906	15,454	3,575	1,877	17,274	3,284	—	—	462	—
Calgary, Father Lacombe	35,584	26,114	6,305	3,165	28,510	6,305	715	—	—	100
Calgary, Mayfair	44,106	29,144	3,552	11,410	39,510	2,181	—	—	1,039	325
Calgary, Meadowbrook	4,040	3,826	145	69	3,230	524	—	—	234	—
Calgary, Scottish	15,855	11,469	2,877	1,509	13,295	2,248	—	—	325	—
Calgary, Southwood	42,478	31,849	6,218	4,411	36,646	5,672	—	—	150	—
Subtotal	475,175	363,109	64,297	47,769	403,631	60,945	795	365	6,919	1,594
Edmonton, Central Park Lodge	43,035	30,737	9,135	3,163	34,891	6,884	162	744	30	374
Edmonton, Veterans' Home (D.V.A.)	46,526	46,526	—	—	44,841	—	1,685	—	—	—
Edmonton, Good Samaritan	70,838	51,379	14,484	4,975	62,307	6,634	—	1,531	366	—
Edmonton, Hardisty	38,087	34,798	—	3,289	32,283	5,795	—	—	9	—
Edmonton, Holyrood	26,974	24,111	1,743	1,120	22,301	4,180	—	—	—	455
Edmonton, Jubilee Lodge	46,385	39,053	6,217	1,115	41,078	4,521	—	—	549	—
Edmonton, Rivercrest Lodge (Ft. Sask.)	23,733	23,025	181	527	21,820	1,593	—	—	365	—
Edmonton, Sherbrooke Lodge	41,596	31,622	7,133	2,841	38,953	1,922	—	—	682	—
Edmonton, Venta	19,644	17,257	2,022	365	17,126	2,518	—	—	—	—
Edmonton, Westhaven	28,092	23,339	3,872	881	25,049	2,902	—	40	93	—
Edmonton, Youville (St. Albert)	58,686	40,921	10,138	7,627	49,531	9,155	—	—	—	—
Subtotal	443,596	362,768	54,925	25,903	390,180	46,104	1,847	2,315	2,094	829
Athabasca, Blunt's	9,279	8,064	793	422	8,585	400	295	—	—	—
Barrhead, Barrhead	18,584	18,268	—	316	17,990	640	—	—	—	—
Bonnyville, Blunt's	13,594	13,461	133	—	10,236	2,523	723	—	93	53
Camrose, Bethany	24,661	17,255	1,012	6,394	22,659	1,880	—	—	88	—
Drumheller, Dr. T. R. Ross Memorial	9,375	9,375	—	—	8,836	497	—	—	—	—
Fairview, Fairview	6,820	6,820	—	—	5,880	769	—	—	89	—
Fort Macleod, Blunt's	16,765	15,606	802	357	13,369	2,497	882	—	—	—
Grande Prairie, Central Park Lodge	28,583	27,456	1,127	—	25,679	2,536	—	—	368	—
High Prairie, Gamelin	5,223	5,223	—	—	4,787	420	16	—	—	—
High River, Twilight	11,180	10,760	420	—	10,733	503	—	—	—	—
Leduc, Blunt's	16,556	15,856	365	335	14,763	1,504	—	—	180	—
Lethbridge, Devon	20,936	17,123	2,751	1,062	19,467	1,418	—	—	—	—
Lethbridge, Edith Cavell	25,320	21,790	1,429	2,101	22,944	2,111	—	—	296	—
Linden, Linden	13,036	13,036	—	—	11,799	1,029	—	—	—	192
McLennan, Notre Dame Du Lac	10,333	10,333	—	—	9,891	405	—	—	—	—
Mayerthorpe, Blunt's	11,093	10,556	245	292	9,963	1,050	—	—	72	—
Medicine Hat, Baptist Haven of Rest	17,253	14,644	1,486	1,123	13,952	2,378	—	—	923	—
Medicine Hat, River View	38,435	32,241	4,959	1,235	29,672	3,051	—	—	5,712	—
Ponoka, Northcott Lodge	23,136	22,418	718	—	20,784	2,352	—	—	—	—
Red Deer, Red Deer	28,298	21,417	4,912	1,969	26,014	2,284	—	—	—	—
Red Deer, West Park	25,406	24,288	935	183	22,208	3,185	—	—	93	—
St. Paul, Blunt's	17,105	16,621	364	120	14,312	2,480	355	—	—	—
Viking, Blunt's	18,355	16,359	1,785	211	16,441	1,831	—	—	—	114
Vulcan, Blunt's	11,884	10,727	1,043	114	10,048	1,813	—	—	—	—
Wetaskiwin, Green Acres	18,198	16,355	1,235	608	12,820	4,065	1,324	—	—	—
Subtotal	439,408	396,052	26,514	16,842	383,832	43,621	3,595	—	7,914	359
Grand Total	1,358,179	1,121,929	145,736	90,514	1,177,643	150,670	6,237	2,680	16,927	2,782

Table 26: Patients by Sex, Age and Marital Status, 1967

Age	Patients Separated During the Year									Patients in Nursing Homes as at December 31, 1967							
	Population	Number of Separations	Marital Status Number of Patients			Accumulated Days Stay	Percentage Distribution			Number of Patients	Marital Status Number of Patients			Accumulated Days Stay	Percentage Distribution		
			Married	Single	Other**		Population	Cases	Days		Married	Single	Other**		Population	Cases	Days
Male																	
0- 9	178,600	1	—	1	—	55	23.5	.1	*	1	—	1	—	26	23.5	.1	*
10-19	152,100	1	—	1	—	68	20.0	.1	*	—	—	—	—	—	20.0	—	—
20-29	99,400	3	—	3	—	680	13.1	.2	.2	6	—	6	—	3,295	13.1	.4	.5
30-39	98,400	8	—	5	3	2,077	13.0	.6	.6	12	1	9	2	3,584	13.0	.7	.5
40-49	86,000	23	7	13	3	7,952	11.3	1.6	2.2	32	7	23	2	13,614	11.3	2.0	2.1
50-59	64,600	47	13	22	12	8,197	8.5	3.3	2.3	64	12	41	11	27,307	8.5	4.0	4.1
60-69	43,700	168	49	68	51	33,578	5.8	11.7	9.5	191	43	81	67	70,141	5.8	11.8	10.6
70-79	25,600	416	130	89	197	94,142	3.4	28.9	26.6	438	120	129	189	166,065	3.4	27.2	25.0
80-89	9,600	615	180	101	334	157,621	1.3	42.8	44.5	700	184	132	384	304,166	1.3	43.4	45.9
90 and over	800	133	24	23	86	46,862	.1	9.2	13.2	149	34	18	97	66,864	.1	9.2	10.1
No age stated	—	22	5	8	9	3,171	—	1.5	.9	19	5	3	11	7,966	—	1.2	1.2
Total	758,800	1,437	408	334	695	354,403	100.0	100.0	100.0	1,612	406	443	763	663,028	100.0	100.0	100.0
Female																	
0- 9	170,700	3	—	3	—	468	23.3	.2	.1	1	—	1	—	26	23.3	*	*
10-19	146,200	6	—	6	—	229	20.0	.4	*	—	—	—	—	—	20.0	—	—
20-29	102,400	7	—	7	—	1,368	14.0	.4	.3	4	—	4	—	2,618	14.0	.2	.2
30-39	92,200	12	1	10	1	2,691	12.6	.8	.6	13	3	10	—	7,165	12.6	.6	.6
40-49	84,600	10	3	3	4	716	11.6	.6	.2	26	5	18	3	14,624	11.6	1.1	1.3
50-59	61,500	40	12	7	21	9,593	8.4	2.6	2.1	68	9	33	26	35,831	8.4	3.0	3.2
60-69	39,500	122	29	10	83	31,342	5.4	7.8	6.7	188	47	24	117	84,809	5.4	8.3	7.5
70-79	24,000	507	93	18	396	141,023	3.3	32.5	30.3	666	115	32	519	299,024	3.3	29.3	26.3
80-89	9,200	679	93	27	559	220,239	1.3	43.6	47.4	1,065	116	53	896	550,976	1.3	46.8	48.5
90 and over	900	147	4	9	134	54,182	.1	9.4	11.6	231	18	11	202	135,783	.1	10.2	12.0
No age stated	—	27	4	1	22	3,110	—	1.7	.7	12	3	—	9	5,045	—	.4	.5
Total	731,200	1,560	239	101	1,220	464,961	100.0	100.0	100.0	2,274	316	186	1,772	1,135,901	100.0	100.0	100.0
Both Sexes																	
0- 9	349,300	4	—	4	—	523	23.4	.1	.1	2	—	2	—	52	23.4	.1	*
10-19	298,300	7	—	7	—	297	20.0	.2	*	—	—	—	—	—	20.0	—	—
20-29	201,800	10	—	10	—	2,048	13.5	.3	.2	10	—	10	—	5,913	13.5	.3	.3
30-39	190,600	20	1	15	4	4,768	12.8	.7	.6	25	4	19	2	10,749	12.8	.6	.6
40-49	170,600	33	10	16	7	8,668	11.5	1.1	1.0	58	12	41	5	28,238	11.5	1.5	1.6
50-59	126,100	87	25	29	33	17,790	8.5	2.9	2.2	132	21	74	37	63,138	8.5	3.4	3.5
60-69	83,200	290	78	78	134	64,920	5.6	9.7	7.9	379	90	105	184	154,950	5.6	9.8	8.6
70-79	49,600	923	223	107	593	235,165	3.3	30.8	28.7	1,104	235	161	708	465,089	3.3	28.4	25.9
80-89	18,800	1,294	273	128	893	377,860	1.3	43.2	46.1	1,765	300	185	1,280	855,142	1.3	45.4	47.5
90 and over	1,700	280	28	32	220	101,044	.1	9.3	12.3	390	52	29	299	202,647	.1	10.0	11.3
No age stated	—	49	9	9	31	6,281	—	1.7	.8	21	8	3	20	13,011	—	.6	.7
Total	1,490,000	2,997	647	435	1,915	819,364	100.0	100.0	100.0	3,886	722	629	2,535	1,798,929	100.0	100.0	100.0

*Less than .05

**Widowed, divorced or separated.

Table 27: Migration of Patients—Location Immediately Prior to Admission of Patients Admitted During 1967;* and Placement of Patients Who Left Nursing Homes During 1967

Nursing Home	NUMBER OF ADMISSIONS — PATIENTS CAME FROM:									NUMBER OF LIVE SEPARATIONS — PATIENTS WENT TO:							
	Private Homes	Other Contract Nursing Homes	Senior Citizens' Lodges	Homes Operated Under Welfare Homes Act	Auxiliary Hospitals	General Hospitals	Mental Hospitals	Other and Unspecified	Total	Private Homes	Other Contract Nursing Homes	Senior Citizens' Lodges	Auxiliary Hospitals	General Hospitals	Mental Hospitals	Other and Unspecified	Total
Calgary, Beverly	7	5	4	—	5	18	—	—	39	5	6	1	3	11	—	—	26
Calgary, Blunt's Kenwood	15	4	3	1	12	36	2	—	73	23	1	1	1	37	2	—	65
Calgary, Bow-Crest	9	2	—	—	2	4	13	2	32	12	2	1	—	8	2	—	25
Calgary, Bow View	53	9	6	—	16	82	2	—	168	40	23	—	3	68	2	—	131
Calgary, Brentwood	11	6	—	—	19	18	—	2	56	8	3	—	4	30	—	—	45
Calgary, The Cedars Villa	24	5	5	—	9	22	—	—	65	8	3	1	6	37	—	—	55
Calgary, Central Park Lodge	26	23	6	—	6	8	2	—	71	45	4	1	5	37	—	—	92
Calgary, Chinook	47	9	12	—	46	57	1	—	172	25	11	2	11	54	1	—	104
Calgary, Glamorgan	9	3	3	1	2	13	—	2	33	8	3	—	2	15	1	—	29
Calgary, Father Lacombe	27	9	—	1	3	30	1	—	71	54	—	—	2	40	1	—	97
Calgary, Mayfair	28	—	3	—	10	22	2	—	65	8	7	—	5	39	4	—	63
Calgary, Meadowbrook	16	7	5	1	1	24	1	—	55	10	3	3	1	10	—	1	28
Calgary, Scottish	8	5	1	1	2	13	—	—	30	9	1	2	1	8	2	—	23
Calgary, Southwood	36	7	1	—	19	42	—	—	105	26	17	—	9	46	—	—	98
Subtotal	316	94	49	5	152	389	24	6	1035	281	84	12	53	435	15	1	881
Edmonton, Central Park Lodge	25	1	1	2	4	81	3	—	117	23	8	2	9	55	2	—	99
Edmonton, Veterans' Home (D.V.A.)	—	—	—	—	—	162	—	—	162	52	—	—	—	50	4	—	106
Edmonton, Good Samaritan	54	5	3	1	17	42	2	8	132	24	2	1	25	70	2	—	124
Edmonton, Hardisty	61	3	9	1	—	63	4	2	143	26	9	—	1	59	5	—	100
Edmonton, Holyrood	16	6	2	2	2	26	6	6	66	20	1	—	3	29	1	—	54
Edmonton, Jubilee Lodge	25	7	4	—	—	12	1	1	50	12	4	1	13	16	3	—	49
Edmonton, Rivercrest Lodge (Ft. Sask.)	12	3	1	—	—	23	4	—	43	8	2	—	1	16	12	—	39
Edmonton, Sherbrooke Lodge	23	8	3	2	10	13	1	—	60	20	2	5	2	38	4	—	71
Edmonton, Venta	13	—	2	—	—	7	2	—	24	4	1	—	3	19	2	1	30
Edmonton, Westhaven	18	4	6	—	5	14	1	—	48	5	1	—	2	27	2	—	37
Edmonton, Youville (St. Albert)	38	1	2	—	3	32	1	—	77	10	4	—	2	34	—	—	50
Subtotal	285	38	33	8	41	475	25	17	922	204	34	9	61	413	37	1	759
Athabasca, Blunt's	17	12	2	—	4	23	7	—	65	12	1	—	1	17	1	—	32
Barrhead, Barrhead	7	—	—	1	6	29	1	1	45	7	1	1	—	25	—	—	34
Bonnyville, Blunt's	13	2	6	—	1	30	9	1	62	23	1	1	—	21	—	—	46
Camrose, Bethany	7	4	7	—	5	21	—	—	44	3	2	—	8	21	2	—	36
Drumheller, Dr. T. R. Ross Memorial	6	2	5	—	22	25	2	—	62	9	—	2	6	4	—	—	21
Fairview, Fairview	21	3	4	—	11	19	2	—	60	6	—	—	2	7	2	—	17
Fort Macleod, Blunt's	5	1	5	—	1	12	2	—	26	9	2	—	—	35	3	—	49
Grande Prairie, Central Park Lodge	19	1	1	—	7	37	—	—	65	12	—	—	1	48	—	—	61
High Prairie, Gamelin	11	8	3	2	4	15	1	—	44	6	—	—	—	4	2	—	12
High River, Twilight	3	1	—	—	23	1	—	—	28	8	1	—	1	8	1	—	19
Leduc, Blunt's	29	2	5	—	5	12	2	—	55	25	3	1	1	34	4	—	68
Lethbridge, Devon	7	3	3	—	5	9	—	11	38	4	—	—	—	38	1	—	43
Lethbridge, Edith Cavell	3	—	2	—	13	19	4	—	41	5	1	—	1	21	—	—	28
Linden, Linden	13	3	—	—	2	8	3	—	29	8	1	—	2	13	1	—	25
McLennan, Notre Dame Du Lac	2	—	—	—	1	28	—	—	31	12	4	1	—	16	1	—	34
Mayerthorpe, Blunt's	51	1	5	2	3	9	5	—	76	32	—	—	—	35	1	—	68
Medicine Hat, Baptist Haven of Rest	4	—	—	1	13	17	1	—	36	2	1	—	—	25	2	—	30
Medicine Hat, River View	6	2	—	—	27	22	1	—	58	5	1	—	2	28	1	—	37
Ponoka, Northcott Lodge	14	1	1	—	2	59	8	—	85	10	4	4	5	37	5	—	65
Red Deer, Red Deer	5	2	1	—	22	16	2	—	48	9	1	1	—	21	2	—	34
Red Deer, West Park	8	1	4	—	23	10	—	—	46	8	2	3	2	14	1	—	30
St. Paul, Blunt's	39	1	5	—	2	6	1	—	54	24	2	—	—	31	—	—	57
Viking, Blunt's	59	—	6	—	—	11	14	—	90	13	2	6	—	23	—	—	44
Vulcan, Blunt's	14	—	3	—	2	24	6	—	49	25	—	2	—	15	1	—	43
Wetaskiwin, Green Acres	4	2	4	—	17	7	1	—	35	5	8	2	1	13	1	—	30
Subtotal	367	52	72	6	221	469	72	13	1272	282	38	24	33	554	32	—	963
Grand Total	968	184	154	19	414	1333	121	36	3229	767	156	45	147	1402	84	2	2603

*As reported by nursing homes—includes some but not all readmissions.

Table 28: Number of Staff Employed at December 31, 1967 by Category of Personnel or Services

Nursing Home	General Nursing Services												Other Special Services		General Services													
	Registered Nurses		Graduate Nurses		Certified Nursing Aides		Orderlies		Other Nursing Staff		Total General Nursing Services				Administration		Dietary		Laundry		Housekeeping		Operation and Maintenance of Physical Plant		Total General Services		Total for all Staff	
	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.
Calgary, Beverly	1	—	1	1	—	—	—	—	8	1	10	2	—	—	1	1	2	1	—	1	1	—	—	—	4	3	14	5
Calgary, Blunt's Kenwood	4	4	—	—	3	3	—	1	12	7	19	15	—	1	2	1	3	8	1	1	2	3	—	—	8	13	27	29
Calgary, Bow-Crest	3	—	—	—	—	—	—	—	12	4	15	4	1	—	—	—	3	—	2	—	2	—	—	—	7	—	23	4
Calgary, Bow View	2	1	3	2	—	—	1	—	32	4	38	7	—	2	2	2	11	3	3	—	7	—	—	—	23	5	61	14
Calgary, Brentwood	5	2	1	1	—	2	—	1	19	10	25	16	—	2	1	—	10	1	1	2	4	—	1	—	17	3	42	21
Calgary, The Cedars Villa	2	2	2	—	—	—	—	—	20	6	24	8	—	2	3	—	8	4	2	1	7	—	2	—	22	5	46	15
Calgary, Central Park Lodge	3	2	2	—	—	—	—	—	13	2	18	4	—	—	1	2	9	2	1	1	5	—	—	1	16	6	34	10
Calgary, Chinook	6	9	—	—	—	—	—	—	20	9	26	18	1	1	2	1	12	2	1	1	5	2	1	—	21	6	48	25
Calgary, Glamorgan	1	2	1	1	12	7	—	—	—	—	14	10	—	—	1	2	4	3	—	2	3	1	—	1	8	9	22	19
Calgary, Father Lacombe	2	2	2	—	1	—	6	—	9	15	20	17	1	—	4	1	10	8	3	—	—	—	2	1	19	10	40	27
Calgary, Mayfair	1	3	2	—	19	1	1	—	1	—	24	4	—	—	2	3	8	7	2	—	5	1	1	1	18	12	42	16
Calgary, Meadowbrook	1	1	1	2	2	1	—	—	2	1	6	5	—	1	1	—	1	1	1	1	—	—	—	—	3	2	9	8
Calgary, Scottish	1	1	—	—	—	—	—	—	10	—	11	1	—	—	2	—	2	4	1	—	2	—	—	—	7	4	18	5
Calgary, Southwood	4	5	—	—	3	—	—	—	18	6	25	11	—	1	2	1	9	2	1	1	4	—	1	—	17	4	42	16
Subtotal	36	34	15	7	40	14	8	2	176	65	275	122	3	10	24	14	92	46	19	11	47	7	8	4	190	82	468	214
Edmonton, Central Park Lodge	1	4	1	—	2	1	1	2	15	14	20	21	—	1	1	2	9	3	2	1	—	—	1	—	13	6	33	28
Edmonton, Veterans' Home (D.V.A.)*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Edmonton, Good Samaritan	5	8	—	1	—	—	3	6	30	12	38	27	1	—	4	2	21	2	2	1	9	—	1	—	37	5	76	32
Edmonton, Hardisty	2	10	1	2	—	—	1	4	14	7	18	23	—	—	2	2	7	5	1	2	9	2	—	1	19	12	37	35
Edmonton, Holyrood	4	5	—	—	—	—	—	1	13	4	17	10	—	1	—	1	5	5	1	1	1	1	—	—	7	8	24	19
Edmonton, Jubilee Lodge	3	2	1	1	—	—	—	1	14	4	18	8	—	—	3	—	10	8	2	—	3	1	—	1	18	10	36	18
Edmonton, Rivercrest Lodge (Ft. Sask.)	1	1	—	—	1	—	1	—	9	2	12	3	—	1	1	1	4	3	1	—	2	1	—	—	8	5	20	9
Edmonton, Sherbrooke	2	1	—	—	—	—	—	—	16	2	18	3	—	—	3	—	13	5	2	—	3	—	—	—	21	5	39	8
Edmonton, Venta	1	1	—	3	1	—	—	—	9	1	11	5	—	1	2	—	4	2	—	1	2	1	—	1	8	5	19	11
Edmonton, Westhaven	1	2	1	1	2	—	1	—	9	7	14	10	—	—	3	—	9	3	2	1	3	—	—	—	17	4	31	14
Edmonton, Youville (St. Albert)	3	6	—	—	3	3	6	—	23	12	35	21	—	—	4	3	15	15	5	—	5	—	2	—	31	18	66	39
Subtotal	23	40	4	8	9	4	13	14	152	65	201	131	1	4	23	11	97	51	18	7	37	6	4	3	179	78	381	213
Athabasca, Blunt's	1	1	—	—	1	1	—	1	11	1	13	4	—	—	—	4	4	—	1	1	1	—	—	1	6	6	19	10
Barrhead, Barrhead	1	1	—	—	3	—	—	—	12	—	16	1	—	1	1	—	6	—	—	1	1	1	—	1	8	3	24	5
Bonnyville, Blunt's	1	1	—	—	1	—	1	—	8	6	11	7	—	1	—	4	2	4	1	1	2	2	—	—	5	11	16	19
Camrose, Bethany	2	8	—	—	—	—	2	1	15	6	19	15	—	1	1	3	6	3	1	4	1	1	—	1	9	12	28	28
Drumheller, Dr. T. R. Ross Mem.	—	1	—	—	1	—	—	—	9	1	10	2	—	—	—	2	1	2	—	—	2	6	—	—	3	10	13	12
Fairview, Fairview	—	3	—	—	4	—	—	—	5	—	9	3	19	—	1	3	4	—	1	—	2	—	1	—	9	3	37	6
Fort Macleod, Blunt's	1	1	—	—	1	—	—	—	9	1	11	2	—	1	—	3	5	1	1	1	1	2	1	—	8	7	19	10
Grande Prairie, Central Park Lodge	2	1	—	—	1	—	—	1	13	2	16	4	—	—	1	—	5	4	1	1	2	1	—	1	9	7	25	11
High Prairie, Gamelin	1	1	—	—	—	—	—	—	7	1	8	2	—	1	2	—	6	1	—	—	3	1	1	—	12	2	20	5
High River, Twilight	—	2	—	—	—	—	—	—	7	1	7	3	—	—	1	—	2	—	1	—	—	—	1	—	5	—	12	3
Leduc, Blunt's	1	1	—	—	3	—	1	—	9	3	14	4	—	—	—	3	4	2	1	—	1	1	—	—	6	6	20	10
Lethbridge, Devon	1	2	—	—	—	—	1	—	14	7	16	9	—	—	1	—	4	2	—	—	3	2	—	—	8	4	24	13
Lethbridge, Edith Cavell	1	1	—	—	—	—	—	—	12	3	13	4	—	4	1	1	4	1	1	1	6	1	—	1	12	5	25	13
Linden, Linden	1	1	—	—	5	3	1	1	6	1	13	6	—	—	—	1	4	3	1	1	2	3	—	—	7	8	20	14
McLennan, Notre Dame Du Lac	—	—	—	2	—	—	1	—	4	4	5	6	—	3	1	—	2	4	1	—	2	—	1	1	7	5	12	14
Mayerthorpe, Blunt's	1	1	—	—	—	1	—	1	8	3	9	6	—	1	—	4	4	1	1	1	2	1	—	—	7	7	16	14
Medicine Hat, Baptist Haven of Rest	—	2	—	—	—	—	3	2	6	8	9	12	—	—	2	1	4	1	1	2	1	1	—	1	8	6	17	18
Medicine Hat, River View	3	4	—	—	—	1	1	—	23	8	27	13	1	1	2	—	6	3	2	2	4	1	—	1	14	7	42	21
Ponoka, Northcott Lodge	3	2	—	—	—	—	—	—	10	2	13	4	—	—	1	1	5	1	1	—	1	—	—	—	8	2	21	6
Red Deer, Red Deer	3	4	—	—	—	—	—	2	5	10	8	16	—	—	1	—	7	—	1	3	2	3	—	1	11	7	19	23
Red Deer, West Park	1	8	—	—	—	—	—	4	10	24	11	36	—	1	1	—	6	3	1	—	3	—	—	1	11	4	22	41
St. Paul, Blunt's	1	1	—	—	—	—	—	1	11	4	12	6	—	1	—	4	5	1	2	—	2	—	—	—	9	5	21	12
Viking, Blunt's	1	1	—	—	4	—	—	—	8	7	13	8	—	—	—	4	5	3	2	1	1	2	—	1	8	11	21	19
Vulcan, Blunt's	1	2	—	—	—	—	—	1	8	2	9	5	—	—	—	—	2	3	1	1	1	3	—	1	4	8	13	13
Wetaskiwin, Green Acres	2	—	—	—	—	—	—	—	12	—	14	—	1	—	2	—	4	—	1	—	3	—	—	—	10	—	25	—
Subtotal	29	50	—	2	24	6	11	15	242	105	306	178	21	16	19	38	107	43	24	21	49	32	5	12	204	146	531	340
Grand Total	88	124	19	17	73	24	32	31	570	235	782	431	25	30	66	63	296	140	61	39	133	45	17	19	573	306	1380	767

*Not obtained.

Table 29: Districts of Origin of Patients in Nursing Homes at December 31, 1967

Nursing Home in Which Patient is Located	Location of Patients' Original Residence																																				
	District No. 1 Grande Prairie	District No. 2 Vermilion River	District No. 3 Drumheller	District No. 4 Willow Creek-Claresholm	District No. 5 Lethbridge	District No. 6 Medicine Hat-Forty-Mile	District No. 7 Calgary	District No. 8 Cardston	District No. 9 Coleman-Blairmore	District No. 10 Brooks-Newell	District No. 11 Vulcan-Foothills	District No. 12 Hanna	District No. 13 Mountain View-Kneehill	District No. 14 Red Deer	District No. 15 Stettler	District No. 16 Coronation-Paintearth	District No. 17 Lacombe-Ponoka	District No. 18 Wetaskiwin-Leduc	District No. 19 Camrose	District No. 20 Flagstaff-Beaver	District No. 21 Wainwright-Provost	District No. 22 Minburn-Eagle	District No. 23 Lamont-Smoky Lake	District No. 24 Edmonton and Rural	District No. 25 Edson	District No. 26 Barrhead-Thorhild-Westlock	District No. 27 Lac Ste. Anne-Whitecourt	District No. 28 Athabasca-Lac La Biche	District No. 29 Bonnyville-St. Paul	District No. 30 McLennan-High Prairie	District No. 31 Peace River-Fairview	District No. 32 Spirit River	Other Areas Non-Residents, etc.	Total
Calgary, Beverly	—	—	—	—	—	—	24	—	—	1	—	1	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	33
Calgary, Blunt's Kenwood	—	—	—	—	—	—	91	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	96
Calgary, Bow-Crest	—	—	2	—	—	—	63	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	67
Calgary, Bow View	—	—	1	—	—	1	136	—	—	—	1	4	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	151
Calgary, Brentwood	—	—	—	—	—	—	119	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	119
Calgary, The Cedars Villa	—	—	—	—	—	1	138	—	—	—	—	—	2	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	145
Calgary, Central Park Lodge	—	—	—	—	—	—	100	—	—	1	2	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	6	112
Calgary, Chinook	—	—	—	—	—	—	140	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	146
Calgary, Glamorgan	—	—	—	—	—	—	44	—	1	—	1	—	7	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	58
Calgary, Father Lacombe	—	—	2	4	3	1	70	3	1	—	5	1	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	2	95
Calgary, Mayfair	—	—	—	1	1	—	108	—	—	—	1	1	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	119
Calgary, Meadowbrook	—	—	—	—	—	—	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	25
Calgary, Scottish	—	—	—	—	—	—	43	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	44
Calgary, Southwood	—	—	—	1	—	1	107	—	—	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	116
Subtotal	—	—	5	6	4	4	1207	3	3	5	13	11	18	4	1	—	2	—	1	2	—	1	—	6	—	—	—	—	1	—	—	29	1326
Edmonton, Central Park Lodge	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	2	1	—	2	3	1	—	95	1	—	1	7	—	—	—	—	117
Edmonton, Veterans' Home (D.V.A.)	—	1	—	—	—	—	7	—	—	—	—	—	—	—	—	—	3	—	1	2	—	—	—	107	2	1	1	—	—	—	—	—	127
Edmonton, Good Samaritan	—	—	1	—	—	1	—	—	—	—	—	—	—	1	—	1	—	2	1	1	—	1	1	177	5	2	—	—	—	1	1	—	194
Edmonton, Hardisty	—	2	1	—	—	—	2	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1	119	—	1	1	1	1	—	—	—	132
Edmonton, Holyrood	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	7	—	—	1	61	—	1	—	—	—	—	—	—	75
Edmonton, Jubilee Lodge	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	120	—	1	—	—	1	—	—	3	128
Edmonton, Rivercrest Lodge (Ft. Sask.)	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	8	50	1	2	—	—	—	—	—	—	65
Edmonton, Sherbrooke Lodge	—	1	2	—	—	—	4	—	—	—	—	—	—	—	—	—	1	1	2	1	—	1	—	95	1	—	2	—	1	—	1	1	114
Edmonton, Venta	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	53	—	—	—	—	—	—	—	—	53
Edmonton, Westhaven	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	1	71	—	—	—	—	—	—	—	1	77
Edmonton, Youville (St. Albert)	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1	3	1	1	124	2	4	—	7	7	3	1	1	159
Subtotal	2	6	4	—	2	3	16	—	1	—	3	—	—	3	—	3	6	7	5	16	6	6	13	1072	12	12	5	15	10	4	3	6	1241
Athabasca, Blunt's	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	4	—	2	—	29	4	—	—	—	41
Barrhead, Barrhead	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	39	10	—	—	—	—	—	51
Bonnyville, Blunt's	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	—	—	3	—	—	5	—	—	—	—	29	—	—	—	48
Camrose, Bethany	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	60	2	1	—	—	3	—	—	—	—	—	—	—	—	68
Drumheller, Dr. T. R. Ross Memorial	—	—	30	—	—	—	2	—	—	1	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37
Fairview, Fairview	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	31	2	1	36
Fort Macleod, Blunt's	—	—	—	29	7	—	—	—	8	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46
Grande Prairie, Central Park Lodge	61	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	1	—	—	—	—	—	—	9	—	78
High Prairie, Gamelin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	31	2	—	—	35
High River, Twilight	—	—	—	5	—	—	1	—	—	—	26	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33
Leduc, Blunt's	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	28	1	—	—	—	1	13	2	—	—	—	—	—	—	—	1	48
Lethbridge, Devon	—	—	—	—	54	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	56
Lethbridge, Edith Cavell	—	—	—	—	64	2	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	70
Linden, Linden	2	—	—	—	—	—	2	—	—	—	—	3	26	—	—	—	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	37
McLennan, Notre Dame Du Lac	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31	—	1	—	32
Mayerthorpe, Blunt's	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	13	8	—	17	2	—	—	—	—	1	42
Medicine Hat, Baptist Haven of Rest	—	—	—	—	1	43	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	48
Medicine Hat, Riverview	—	—	—	—	1	83	—	—	—	5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	104
Ponoka, Northcott Lodge	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	49	1	5	—	—	—	—	6	—	—	—	—	—	—	—	—	64
Red Deer, Red Deer	—	—	—	—	—	—	1	—	—	—	1	—	7	54	—	5	9	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	78
Red Deer, West Park	—	—	—	—	—	—	1	—	—	—	—	1	—	49	—	3	14	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	70
St. Paul, Blunt's	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	5	—	—	—	1	40	—	—	—	49
Viking, Blunt's	—	10	—	—	1	—	—	—	—	—	—	2	—	1	1	1	8	—	—	19	8	—	2	8	—	—	—	—	11	—	—	—	62
Vulcan, Blunt's	—	—	—	2	4	1	—	—	—	1	22	1	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35
Wetaskiwin, Green Acres	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	35	2	1	—	—	—	6	—	—	—	1	—	—	1	—	—	48
Subtotal	63	15	32	36	132	130	8	2	9	9	51	11	37	104	1	10	94	69	69	23	12	2	5	79	11	41	27	33	74	62	34	12	19	1316
Grand Total	65	21	41	42	138	137	1231	5	13	14	67	22	55	111	2	13	102	76	75	41	18	9	18	1157	23	53	32	48	85	66	37	12	54	3883

THE NURSING HOMES ACT

1964

CHAPTER 65

An Act respecting Nursing Home Care

(Assented to April 15, 1964)

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Alberta, enacts as follows:

Short title

1. This Act may be cited as "The Nursing Homes Act".

Interpretation "benefits"

2. (1) In this Act,

(a) "benefits" means payment by the Province for nursing home care given by a contract nursing home to an eligible patient;

"contract nursing home"

(b) "contract nursing home" means a nursing home the operator of which has a contract with the Minister under section 10;

"eligible patient"

(c) "eligible patient" means a patient in respect of whom benefits are payable under section 12;

"Minister"

(d) "Minister" means the Minister of Health;

"nursing home care"

(e) "nursing home care" means the following services to patients, namely,

(i) accommodation, meals and laundry,

(ii) personal services such as help and supervision in cleanliness, mobility, safety, feeding and dressing,

(iii) special diets when necessary,

(iv) routine drugs and dressings as ordered by the attending physician,

(v) recreational, diversional and re-activational activities,

and such other services as are prescribed by the regulations.

(2) Except where the context otherwise requires, all words used in this Act have the same meaning as they have under The Alberta Hospitals Act.

Auxiliary hospital district as nursing home district

3. (1) The councils of the included municipalities in an auxiliary hospital district may apply to the Minister for the establishment of the district as a nursing home district.

(2) The application shall be accompanied by such information as the Minister may require respecting the need for nursing home facilities in the district.

Auxiliary hospital district previously incorporated

4. (1) Where the auxiliary hospital district has previously been incorporated under section 8 of The Alberta Hospitals Act, the application shall be made by the district board and the Minister may refer the application to the Lieutenant Governor in Council for an order vesting in the body corporate the power to provide for nursing home facilities in the district as authorized by this Act.

(2) Where an order is made under subsection (1), the Minister shall change the name of the district from an auxiliary hospital district to an auxiliary hospital and nursing home district.

Incorporation under The Alberta Hospitals Act

5. (1) Where the auxiliary hospital district in respect of which an application is received has not been incorporated, nominations for membership on the first district board shall be made as provided in section 7 of The Alberta Hospitals Act.

(2) After the required nominations have been made, the application may be referred to the Lieutenant Governor in Council for an order under section 8 of The Alberta Hospitals Act incorporating the district

(a) with all the powers mentioned in that section, except the power mentioned in clause (d) of subsection (2) thereof, and

(b) with the power to provide for nursing home facilities in the district in accordance with this Act.

(3) Where an order as mentioned in subsection (2) is made, the Minister shall change the name of the district from an auxiliary hospital district to a nursing home district.

(4) If an auxiliary hospital program for a district to which subsection (1) refers is submitted and approved in accordance with The Alberta Hospitals Act, the powers to be withheld under subsection (2) may be granted and in that case the name shall be changed to an auxiliary hospital and nursing home district.

General powers

6. Subject to this Act, an auxiliary hospital and nursing home district or a nursing home district is a hospital district within the meaning of The Alberta Hospitals Act and the board of the district has all the powers, rights and responsibilities with respect to nursing homes that a district board has with respect to auxiliary hospitals under The Alberta Hospitals Act and regulations, to the extent that they are applicable to nursing homes.

Nursing home program

7. After the making of an order pursuant to section 4 or 5, the board shall, in accordance with the regulations, develop a nursing home program for the district and submit it to the Minister for approval.

7a. (1) On the request in writing of at least one-half of the members of a board the Minister may study a nursing home program that the board has under consideration for the district and if, after the study, he is of the opinion

(a) that the implementation of the proposed program is being inordinately delayed, or

(b) that, having regard to the size and population distribution of the district and the location of other medical facilities, the proposed program should be varied to better meet the needs and conveniences of the residents of the district,

the Minister may give such directions to the board for the implementation of the nursing home program as he considers proper.

(2) In giving the directions, the Minister shall indicate where any nursing home is to be situated in the district and under whose ownership and administration it should be operated. (1967, C.57.S.2.).

Nursing home facilities

8. After approval of the program and subject to this Act and the regulations, a board has power to

(a) construct, operate, maintain, manage and control one or more nursing homes in the district,

(b) lease facilities in the district to a person who will operate them as a nursing home to serve residents of the district,

(c) enter into an agreement with a person for the provision and operation by that person of a nursing home in the district to serve residents of the district, and

(d) give its approval to any nursing home within the district that meets the requirements of the regulations, and forms part of the nursing home program of the district.

Appeal on refusal of application

9. Where a board refuses or fails to approve a nursing home, the operator of the home may appeal to the Lieutenant Governor in Council who may recommend to the district board approval of a nursing home.

Nursing home contracts

10. (1) The Minister may enter into a contract on the approval of the district board with the operator of an approved nursing home for the provision of nursing home care to eligible patients and for the payment to the home by the Province of an amount on a patient day basis, as prescribed by the regulations.

(2) Notwithstanding anything contained in this Act or the regulations or a contract entered into pursuant to subsection (1), during the first year after the establishment of the nursing home program of a district the number of contract nursing home beds in the district shall not exceed approximately three for every one thousand of population in the district.

Suspension and cancellation of contract

11. (1) A contract with the Minister is automatically cancelled upon a change of ownership or control of a nursing home, unless the district board and the Minister give their approval of the change before the change is effected.

(2) The Minister may, upon ninety days' notice in writing, suspend or cancel a contract with the operator of a nursing home.

(3) The operator of a nursing home may, within thirty days of receiving a notice of suspension or cancellation of his contract, appeal to the Lieutenant Governor in Council who may in his discretion,

(a) confirm the suspension or cancellation of the contract, or

(b) order that the contract be reinstated, either unconditionally or subject to such conditions as he may prescribe.

Eligibility for benefits

12. (1) Benefits may be paid only in respect of a patient in a contract nursing home

(a) who has been found by an assessment committee appointed pursuant to the regulations to require care in a nursing home,

(b) who has established his home in Alberta and has resided in Alberta either

(i) for the three consecutive years immediately preceding the application for benefits, or

(ii) for a period of at least ten consecutive years at any time preceding the application for benefits, and

(c) who meets other requirements or conditions prescribed by the regulations (1967, C.57.S.3.).

(2) Benefits may not be paid in respect of a patient where payment for his care in a nursing home

(a) is the responsibility of

(i) the Department of Public Welfare,

(ii) the Workmen's Compensation Board,

(iii) the Department of Veterans' Affairs (Canada),

(iv) the Department of National Defence (Canada), or

(v) the Indian and Northern Health Services of the Department of National Health and Welfare (Canada),

or

(b) is provided for under any other statute.

(3) Nothing under this Act shall be construed to prevent a person who does not desire to receive benefits as provided pursuant to this Act from assuming the entire responsibility for the payment of the costs of his care in a nursing home.

Inspections

13. The Minister or any person authorized by him or a visiting team authorized by the Lieutenant Governor in Council may at all times enter any buildings and grounds of a contract nursing home and may examine the premises and any books and records kept in connection with the operation of the nursing home and request any other information they require and the operator of the nursing home shall provide all the information so required as soon as is reasonably possible.

Prohibitions

14. (1) The term "contract nursing home" may only be used to describe a nursing home the operator of which has a contract with the Minister pursuant to this Act and no person shall

(a) hold himself out as the operator of a contract nursing home, or

(b) use the term "contract nursing home" to describe a nursing home or other place operated by him,

unless he holds such a contract.

(2) No person shall knowingly make or submit a false statement or falsify any report that he is required to make or submit to any person under this Act or the regulations.

Offence and penalty

15. (1) A person who contravenes this Act or the regulations is guilty of an offence and liable on summary conviction to a fine of not more than five hundred dollars and in default of payment to a term of imprisonment not exceeding ninety days.

(2) When the operator of a contract nursing home is convicted under subsection (1), his contract is subject to immediate cancellation.

Regulations

16. The Lieutenant Governor in Council may make regulations

(a) prescribing the information to be contained in the nursing home program of a district,

(b) prescribing the basis upon which the Minister may enter into contracts with the operators of approved nursing homes and the terms of such contracts,

(c) prescribing the terms and conditions upon which a district board may approve a nursing home,

(d) prescribing standards applicable to contract nursing homes, including but not limited to standards relating to the location, size, rated capacity, type of construction, equipment, accommodation and facilities of the homes and the care, services, drugs and medical supplies to be provided in the homes,

(e) prescribing other services that are to be provided as nursing home care,

(f) prescribing the records to be kept and the reports to be made by the operators of contract nursing homes,

(g) respecting the employment of staff in contract nursing homes,

(h) prescribing the number of semi-private or private rooms for which extra charges may be made to patients,

(i) prescribing the maximum amount that may be charged patients in contract nursing homes for accommodation in single and multiple bed wards,

(j) prescribing the admission policies to be followed by contract nursing homes and limiting the number of non-eligible patients that may be in a contract nursing home at any one time,

(k) providing for the establishment, composition and operation of assessment committees to determine the need for nursing home care,

(l) setting the amount payable per day by the Province with respect to eligible patients in contract nursing homes and the amount payable by patients and providing for payment by the province of all or any part of the charges of eligible patients under certain conditions to be prescribed in the regulations,

(m) authorizing the Minister to develop home care projects, and

(n) concerning any other matter he considers necessary to carry out the purpose and objects of this Act.

Amends 1963, c. 73

17. The Welfare Homes Act is amended as to section 4 by adding the following subsection.

(3) This Act does not apply to a contract nursing home under The Nursing Homes Act.

Coming into force

18. This Act comes into force on the first day of April, 1964.

REGULATIONS

UNDER

THE NURSING HOMES ACT

REGULATIONS UNDER THE NURSING HOMES ACT

1. These Regulations may be cited as "The Nursing Home Plan Regulations", and become effective April 1st, 1964.

2. In these Regulations

(a) "Act" means The Nursing Homes Act;

(b) "Board" means the board of an Auxiliary Hospital and Nursing Home District or the board of a Nursing Home District;

(c) "Executive Director" means the Executive Director of the Hospitals Division of the Department of Public Health of the Government of the Province;

(d) The interpretations set out in Section 2 of The Nursing Homes Act shall have the same meaning when used in these regulations.

Procedure of Obtaining Approved Nursing Homes

3. The district board in conjunction with whatever persons or agencies it deems necessary shall develop a nursing home program for the district which shall be sent to the Minister for approval and shall include:

(a) a list of existing facilities, stating in each case location, capacity, ability of building to meet physical standards and care standards, level of care experience and suitability to meet the needs of the area being served;

(b) total number of persons within the district and the estimated number of persons:

(i) who would qualify for nursing home care,

(ii) who might be admitted to nursing homes,

(iii) qualified on waiting lists of existing homes;

(c)

(i) the total number of nursing home beds required to meet the need,

(ii) existing number believed to meet standards,

(iii) net number of beds required and number of nursing homes involved,

(iv) plan of how the needs are to be met with proposed locations,

(v) long range plans for future considerations.

(d) complete details of the nursing homes recommended by the board for contracts with the Department of Public Health indicating priority in which contracts shall be made.

4. In developing a program, a board shall give uniform consideration to all types of ownership and to all proposals made to it for the provision of nursing home facilities.

5. Applications for approval to construct or operate a nursing home shall be made to the district board in duplicate and shall contain:

(a) full particulars of the applicant, ownership and operation,

(b) particulars of location of home,

(c) size,

(d) type of construction, number of stories, type of accommodation (e.g. number of rooms, beds per room, wards semi and private).

6. A board shall send an executed copy of every agreement pursuant to Section 8 of the Act and every amendment to an agreement between the board and the owners of a non-district contract nursing home to the Executive Director.

Administration

7. (1) Procedure for admission to a contract nursing home as an approved patient shall be:

(a) Application shall be made by the attending physician on the prescribed form to the Assessment Committee of the district in which the nursing home is located.

(b) When a patient for whom an application is being made has not had a complete medical examination within one month prior to application for admission, the Assessment Committee may require the patient to be adimitted to a general or auxiliary hospital for a period of time for examination and assessment before consideration is given to the application.

(c) The Assessment Committee shall send two copies of approved applications to the contract nursing home which shall then arrange for admission.

(d) Upon admission of an approved patient, the contract nursing home shall forward one copy of the completed assessment form to the Executive Director and retain one copy which shall be part of the patient's record.

(e) Where a nursing home patient has been referred to a hospital for short term treatment, the contract nursing home shall upon completion of hospitalization, arrange for immediate re-admission of the patient at the request of the attending physician without the necessity of prior approval from the Assessment Committee or if a bed is not available, the patient's name shall be placed at the head of the waiting list.

(2) Any eligible patient assessed to be in need of nursing home care must be accepted by a

contract nursing home if a vacant bed is available in the home.

(3) The number of persons in a contract nursing home who do not qualify for nursing home care shall not at any time exceed 20% of the rated capacity of the contract nursing home.

(4) An effort shall be made to assign to a patient accommodation that is pleasing to him commensurate with his ability to pay and with his needs.

(5) A complete listing of a patient's belongings and funds in his possession on admission shall be made in duplicate and be signed by the representative of the contract nursing home and by the patient or his representative and one copy should be given to the patient or his representative and reasonable measures taken to safeguard the patient's belongings.

(6) Cash turned over to the nursing home management for safe-keeping shall be deposited in a patient's trust account, a receipt given to the patient or his representative, and proper records kept of the trust fund.

(7) Where a patient is considered incapable of handling his own affairs and a next-of-kin is not performing this service, the operator of the contract nursing home must apply to the Public Trustee to establish a trust account on behalf of such patient.

8. (1) There shall be a separate patient case record maintained for each patient which shall contain:

(a) Admission and assessment form completed by the physician and the Assessment Committee.

(b) Admission record completed prior to or at the time of admission and shall contain identifying information such as patient's name, marital status, age, sex, home address, religious affiliation, name and address of attending physician and his alternate, name and address of next-of-kin, information concerning referral, if any, date of admission and shall bear the signature of the operator or his authorized agent and the patient or his representative.

(c) Inventory of personal effects.

(d) Physician's notes and orders which shall be signed and dated by the attending physician.

(e) Dentist's notes and orders which shall be signed and dated by the attending dentist.

(f) Nursing notes. This section of the record shall contain significant observations made by the nursing and treatment personnel and incidents of consequence. Entries shall be dated and signed.

(g) Discharge sheet. Every record shall include information concerning the patient's discharge from the contract nursing home such as: discharge diagnosis or cause of death, whether discharged with or without physician's consent, where and to whom discharged, and other information of this nature.

(2) The patient's case record shall be kept on file in the nursing station until the patient is discharged, when it shall be filed for a period of not less than five years in a place of safe storage in the contract nursing home after which time it may be destroyed.

9. The operator of the contract nursing home shall forward to the Executive Director such records, reports and returns as may be required including an audited financial statement on the basis of each calendar year.

10. The Minister or any person or persons designated by him may make all necessary inquiries into the management and affairs of contract nursing homes, may visit and inspect contract nursing homes and may examine contract nursing home records for the purpose of verifying the accuracy of reports and ensuring that the Act and the regulations are being followed.

Financial

11. An approved patient shall be required to pay an amount not exceeding:

(a) $3.00 per day for standard ward accommodation, nor

(b) $2.00 per day for semi-private room and $5.00 per day for private room accommodation in addition to the charge for standard ward accommodation when such preferred accommodation has been provided at his request.

12. The Province shall pay to each nursing home under contract a payment not exceeding $5.00 per patient day with respect to each approved patient.

13. (1) No contract nursing home shall have:

(a) a proportion of non-eligible patients in the home in excess of 20% of rated capacity not including patients mentioned in Section 12 subsection 2 of the Act;

(b) a proportion of preferred accommodation charged for in excess of 30% of the rated capacity of the nursing home;

(2) A contract nursing home shall not exceed its rated capacity.

14. (1) A nursing home day shall include the day of admission and all subsequent days excluding the day of discharge.

(2) Patients away from a contract nursing home for a period not exceeding 48 hours shall be classed as in-patients for which the usual charges may be made.

15. The cost of operation of the district board shall be the responsibility of the municipalities included in the auxiliary hospital and nursing home district or nursing home district.

16. The fiscal year of contract nursing homes shall coincide with the calendar year.

17. The board may on its own authority by resolution authorize the borrowing of such sums of money it deems necessary.

18. The district board shall establish a district assessment committee consisting of representation from the medical profession and local social workers and welfare agencies.

Building Standards

19. (1) Preparation of plans of contract nursing homes and minimum construction standards shall be as prescribed in Schedule I of these Regulations. The Hospitals Division may exercise its discretion in the application of physical standards, other than provincial fire and sanitary regulations, to existing facilities.

(2) All contract nursing homes shall follow the requirements of "The Fire Prevention Act Regulations pertaining to Nursing Homes", administered by the Provincial Fire Commissioner.

Standards of Care

20. Operators of contract nursing homes shall arrange for patients to obtain necessary health services as requested by the patient or their next-of-kin, and when a patient is not competent and has no next-of-kin, operators shall arrange to obtain the necessary health services required by the patient.

21. (1) Registered or graduate nurses shall be employed on a full time basis and be responsible for patient care.

(2) At least one nurse shall be provided for each seventy-five patients.

(3) No one except a registered nurse or a physician shall be responsible for the medication given to a patient.

(4) Each contract nursing home shall employ sufficient personnel to assure safe and efficient nursing home care on a 24-hour day basis.

22. (1) The basic diet requirements of nursing home patients shall be provided in accordance with Canada's Food Guide as approved by the Canadian Council on Nutrition.

(2) Persons receiving care in a contract nursing home shall be provided with satisfactory special diets where these are considered necessary by the attending physician.

(3) Contract nursing homes shall meet the special food requirements of patients prescribed by their religious beliefs.

(4) Special diet records shall be recorded on the patient's record.

(5) Sanitary conditions shall be under the jurisdiction of local health authorities.

(6) At least three meals per day shall be served with not more than a 14-hour span between a substantial supper meal and breakfast.

(7) Reasonable effort shall be made to encourage patients, who are capable and those who can be assisted, to take their meals in the dining room.

(8) Menus shall be planned and written at least one week in advance.

(9) Cyclic menu planning shall be of not less than two weeks and menus shall be different for the same day of consecutive weeks.

(10) Records of menus as served shall be filed and maintained and shall be available for inspection.

(11) Special or modified diets which are part of medical treatment shall be prescribed in written orders by the attending physician.

(12) Personnel and visitors eating meals or snacks on the premises shall be provided with dining facilities separate from and outside of the food preparation, tray service and dishwashing areas.

23. (1) Persons receiving care in a contract nursing home shall be provided with the necessary reactivational therapy to prevent deterioration to the extent possible.

(2) Each contract nursing home shall arrange for or provide individual and group activities, recreational and diversional opportunities suited to the needs and interest of its patients.

(3) Contract nursing homes shall co-operate with the clergy in the community in meeting the spiritual needs of patients and, having regard to the nursing home size and circumstances permitting, utilize suitable space for religious services.

(4) Where feasible, patients shall be permitted to leave the premises to visit, shop, attend church or social activities.

(5) Patients shall not be required to remain in their rooms and physical restraint shall not be used except on order of a physician.

24. Every precaution shall be taken to ensure the safety of patients and staff.

SCHEDULE 1

MINIMUM STANDARDS OF NURSING HOME CONSTRUCTION UNDER THE REGULATIONS OF THE NURSING HOMES ACT

In this schedule "shall" indicates a requirement; "should" indicates a recommendation.

Site Selection

1. The site of a nursing home shall:

(a) be reasonably accessible to the centre of community activities, physician services, hospitals, transportation facilities, and located within the service area of a fire department.

(b) have good drainage, adequate sewerage, water, electrical, telephone, and other necessary facilities available on or near the site;

(c) be provided with adequate roads, walks and parking areas within the lot lines;

(d) provide sufficient space suitable for outdoor recreation at the site;

(e) be in an area reasonably free from objectionable noises, smoke and fumes.

Survey of Site

2. Every nursing home should have a survey of the site prepared by a qualified engineer and the survey plan should indicate:

(a) the courses and distances of property lines, building lines, roads, sidewalks adjacent to or on the site;

(b) location and size of all piping, mains, sewers, hydrants, poles and wires adjacent to or on the site;

(c) topography and subsoil conditions.

Submission of Plans

3. Two copies of plans of new nursing home projects and existing facilities included in the nursing home district program shall be submitted to the Executive Director for approval and shall:

(a) include:

(i) site plan showing roads, sidewalks, parking areas and lawns,

(ii) plan of each floor including the basement at a scale of ⅛" to a foot indicating in outline location of fixed equipment and beds,

(iii) front elevation plan indicating distance from floor to ceiling; and

(b) be accompanied by:

(i) a letter of approval from the local authority controlling zoning and building regulations

(ii) evidence of approval under: The Gas Protection Act and Regulations, The Elevator and Fixed Conveyances Act and Regulations, The Fire Prevention Act and Regulations, and The Public Health Act and Regulations.

4. (a) No nursing home shall provide for less than 30 beds or for more than 100 beds, unless warranted by special circumstances.

(b) Approved plans shall not be altered without the approval of the district board and Executive Director.

Corridors

5. (a) All corridors used by patients shall be:

(i) not less than seven feet wide,

(ii) well lighted, and

(iii) equipped with handrails securely mounted along both walls.

(b) All corridors shall have exits or shall open into corridors that have exits.

Ramps

6. Ramps should be avoided where possible but where they are necessary they shall:

(a) be not less than seven feet wide and be equipped with sturdily mounted handrails or banisters.

(b) have gradual slopes of non-slip material to permit safe travel by wheelchair patients.

Stairways

7. (a) Stairways used by patients shall have low risers, short runs and shall be:

(i) equipped with handrails and/or banisters on both sides,

(ii) not less than three feet eight inches wide between handrails,

(iii) well lighted day and night, and

(iv) equipped with wide non-slip treads or surfaces.

(b) Stair landings shall be wide enough to permit manoeuvring a stretcher and be equipped with handrails and/or banisters.

(c) Stairway doors shall not open directly on a step but shall open on a landing level with the floor.

(d) No arrangement of steps, known as winders, shall be permitted.

Doors and Doorways

8. (a) All doorways through which patients pass shall not be less than three feet eight inches wide except that doorways to individual toilet rooms adjacent to patient rooms may be three feet wide.

(b) Thresholds at doorways shall be flush with the floor.

(c) Doors shall not swing into the corridors except closet doors.

Elevators and Dumbwaiters

9. (a) Elevator platforms shall not be less than five feet four inches by eight feet.

(b) Elevator doors shall have a minimum opening of three feet ten inches.

(c) Elevators shall be equipped with:

(i) automatic self-leveling devices,

(ii) slow action doors that can be stopped easily,

(iii) low controls and call buttons for the convenience of patients in wheelchairs,

(iv) large numerals, buttons and floor indicators,

(v) emergency alarms, and

(vi) sturdy hand rails.

10. (a) Dumbwaiters when provided, shall have metal cabs.

(b) All openings shall be equipped with doors having a self-closing device and a positive latch.

Floors

11. (a) Floors of patients rooms shall be above ground level.

(b) Floors in utility rooms, bathrooms and toilets shall have waterproof surfaces which are wear resistant.

(c) Floors in kitchens, laundry and boiler room should be waterproof, resistant to heavy wear and provided with drains.

Walls and Ceilings

12. (a) Wall bases should be smoothly coved at the floor line.

(b) Walls in kitchen, utility room, toilets, bathrooms, laundries and spaces with sinks should be finished with a hard, washable, impervious material to a point above the splash or spray line.

13. (a) Ceilings in noisy areas should be acoustically treated and shall be not less than:

(i) eight feet from the floor in patient areas,

(ii) ten feet from the floor in kitchens, laundries and boiler rooms.

(b) Ceilings of kitchens, laundries, boiler rooms, utility rooms, bathrooms and toilets should be painted with waterproof paint.

(c) Ceilings of boiler and laundry rooms situated under patient areas shall be insulated against heat transmission.

Water Supply and System

14. (a) The water supply system, plumbing systems, including water distribution, piping, drainage, and vent piping, fixtures, and other appurtenances shall be designed and installed in compliance with Regulations under The Public Health Act and Fire Prevention Act.

(b) Thermostatic valves shall be used in the water supply to all shower stalls and bathtubs with showers.

(c) The water heating and distribution system shall be adequate to supply the following demands:

(i) 4½ gallons at 125° F. per hour per bed for general fixtures,

(ii) 4 gallons at 180° F. per hour per bed for kitchen use,

(iii) 4½ gallons at 180° F. per hour per bed for laundry use where the nursing home operates a laundry.

Electrical Installations

15. (a) All electrical systems or alterations to existing systems in a nursing home shall conform to the requirements of the current edition of the Canadian Electrical Code and the regulations under the Electrical Protection Act, and equipment and materials used shall meet the standards of the Canadian Standards Association.

(b) General illumination and night lights shall be switched at the door.

Lighting

16. (a) Glare free lighting shall be provided.

(b) There shall be individual reading light facilities at each bed and sufficient outlets for electrical appliances.

(c) Reduced lighting shall be provided in corridors and central toilet rooms.

Emergency Lighting

17. Emergency lighting shall be provided for exits, stairways and corridors which shall be supplied by a second utility emergency service, at least to the level of a battery system with automatic switch.

Heating

18. (a) A central heating system with capacity to raise temperatures in patient areas and corridors to a minimum of 75 degrees Fahrenheit during coldest periods shall be provided.

(b) Thermostatic controls shall be located in appropriate zones to maintain comfortable temperature.

(c) Heating equipment and fixtures should be properly shielded.

Ventilation

19. (a) Ventilation through the use of windows, a forced air system or a combination of both shall be so arranged that every patient shall receive sufficient fresh air.

(b) The ventilating space for natural ventilation shall be not less than four per cent of patient floor area.

(c) Utility rooms, toilets, baths, kitchen, laundry and boiler room, shall be provided with suitable ventilation to change the air once every six minutes.

(d) Ducts ventilating bathrooms or toilet rooms shall not be connected to other duct systems.

Windows

20. (a) The glass area of each patient room shall be at least ten per cent of the floor area of the room,

(b) All windows, doors and openings to the outside shall be screened against flies.

(c) Window sills of bedrooms, sitting rooms and dining rooms shall be not more than two feet six inches above the floor.

Nursing Unit Facilities

21. (a) Each nurses' station shall service no more than 75 beds, be centrally located and provide for charting and medicine storage.

(b) At least two rooms in each nursing unit shall be private rooms.

(c) Each nursing unit shall have a utility service room which shall provide for the separation of clean and dirty work areas and be equipped with:

(i) a sink set into counter or with drainboards,

(ii) a service sink with bedpan flusher.

(d) In each nursing unit there shall be included:

(i) a staff toilet and wash basin adjacent to the nursing station,

(ii) a ward pantry,

(iii) equipment storage,

(iv) linen cupboard,

(v) sitting room or sun parlour,

(vi) telephone for patients' use.

Patient Bedrooms

22. (a) The minimum room sizes, exclusive of closets, wardrobes and toilet rooms, shall be:

(i) 100 square feet per bed in a single bedroom.

(ii) 80 square feet per bed in a multiple bedroom.

(b) Not less than a 3 foot space shall exist between beds and between the foot or side of beds and wall.

(c) No room shall contain more than 4 beds or be more than 2 beds deep from the outside wall.

(d) One wash basin shall be provided in each bedroom or if adjacent rooms have not more than two beds, the wash basin may be installed in the toilet room. Wash basins shall be supported on brackets to permit access by wheelchair.

(e) Each room having more than one bed shall have ceiling mounted curtains.

(f) Each patient shall have a clothes closet or wardrobe and a bedside cabinet in his room.

(g) Where a patient is served meals in his room, an overbed table shall be provided.

(h) Each patient shall have at his bedside a signalling device which registers at the bedside, in the corridor and at the nurses' station.

Patients' Toilets

23. (a) One enclosed toilet is required for each 8 patients and shall be directly accessible from bedrooms.

(b) Toilet rooms must be large enough to manoeuver a wheelchair and doors shall swing out.

(c) Grab bars easily reached shall be provided at each toilet, tub or shower.

Bathing Facilities

24. (a) Bathing facilities to the extent of one bathtub or one shower for each 18 beds shall be provided in each nursing unit.

(b) Bathroom facilities shall be arranged to ensure privacy between male and female patients.

(c) One free-standing bathtub shall be provided in each nursing unit.

(d) Showers shall not be less than four feet square and shall be without curbs for wheelchair use.

(e) Each room or compartment shall provide space for use of bathing fixture, wheelchair, dressing and attendant.

(f) A wash basin and a toilet shall be provided in each bathing area.

SERVICE FACILITIES

Kitchen

25. (a) The kitchen shall not serve as a passageway between work or patient area.

(b) A dishwashing unit is desirable and should be separate from the food preparation and serving area.

(c) Hand-washing facilities are necessary.

Dining and Recreation Areas

26. Separate space shall be provided for personnel dining commensurate with the size of the home. Dining room space sufficient for seating approximately 60% of patient capacity shall be provided and consideration should be given to a recreation area adjacent to the dining room.

Laundry

27. Where laundry facilities are provided in a nursing home, the laundry shall be laid out and its equipment arranged so the workflow will maintain the proper separation of soiled and clean items and prevent the mingling of items in any of the various stages of processing.

Janitor's Closet

28. (a) One or more janitor's closets shall be provided on each floor for the storage and maintenance of cleaning supplies and equipment.

(b) Each closet shall have a slop sink with hot and cold running water and shelves.

Staff Lockers and Toilets

29. (a) Locker room facilities with lockers, toilets and wash basins shall be provided for employees.

(b) Staff toilet rooms shall be separate from those used by the public and by patients.

Garbage Disposal

30. Satisfactory facilities for the disposal of garbage shall be provided.

Maintenance Facilities—General Storage and Receiving—Patients' Storage Room

31. Commensurate with its needs.

ADMINISTRATIVE FACILITIES

32. The following shall be provided commensurate to the size of the nursing home:

(a) administrative office or offices,

(b) lobby area,

(c) public toilet for each sex,

(d) public telephone.

ANCILLARY FACILITIES

33. Sufficient areas shall be provided for the following purposes commensurate with the size of the nursing home:

(a) Physical and diversional activities.

(b) Examining and treatment room in large nursing homes.

(c) Barber and Beauty Shops (other space can be used periodically).

(d) Religious services (utilization of suitable space).

(e) Outdoor recreational areas.

THE FUTURE OF THE NURSING HOME AND THE DISTRICT BOARD'S RESPONSIBILITY

Talk given at the

Central Alberta Hospitals Regional Conference

Rocky Mountain House

March 15, 1968

J. D. Campbell
Deputy Minister
Hospital Services
Department of Health
Edmonton

Introduction

With the completion of four years operations under The Nursing Home Plan in Alberta it is no doubt timely that we pause at this particular stage to examine the nursing home institution from the standpoint as to whether or not it is serving the basic purpose for which it was created, as well as to project ourselves into the future in an attempt to evaluate the part which it might play in the development of progressive care programs for the residents of the Province of Alberta.

It is very difficult to place objective values in the area of accomplishment in the nursing home field and, therefore, any statements made will have to be necessarily weighted by their subjective values. An attempt will be made to discount these subjective values, although it is not deemed advisable that they should be totally disregarded. Although four years have passed since the implementation of the Plan, many problems still exist which must be met in the future in order that the nursing home type of facility will yield its maximum benefit in the spectrum of progressive patient care in which it has been inserted.

Concept Underlying Nursing Home Care in Alberta

At the time The Nursing Home Plan was developed in Alberta, primary attention was directed to the need which the residents had for personal care which they were unable to meet individually. At that time the situation existed where the senior citizens' homes were attempting to supplement the domiciliary care which they provided with a level of personal care, and the hospitals, which were already geared for domiciliary and personal care, were utilizing certain of their facilities for this purpose alone. In the latter case, the demand for professional medical and nursing care placed a pressure on the use of the available beds in the hospital area for use by patients also requiring professional medical and nursing care.

The problem which existed was plainly one as to whether or not additional hospital beds be built or that infirmaries be added to the senior citizens' lodges. After a careful study of the costs involved in meeting the problem by both methods and the resultant care obtained, both were discarded in favour of provision of separate institutions which would provide domiciliary care similar to that provided by the senior citizens' lodges, plus a specialization in the personal care area. This gave rise to the recommendation for the provision of the nursing home separate and distinct from the senior citizens' lodges on the one hand and the hospital on the other. The new facility would specialize in the provision of personal care, but at the same time would provide the necessary domiciliary care. Herein lies the basic concept underlying the nursing home as it has developed in Alberta.

The review of the costs of the various types of care provided revealed an approximate two to one ratio with the nursing home patient day cost equal to twice that of a senior citizens' lodge guest cost; the auxiliary hospital twice that of a nursing home per patient day, and the active treatment hospital twice that of an auxiliary hospital per patient day. On the basis of the above cost picture, plus the improved care resulting from specialization, it is understandable that the concept of nursing homes outlined was the one which was developed. Through this development a patient or guest received in the specialized institutions, more effectively, the type of care they required at a cost which would be lower than the cost at the next level of care.

The Present Situation

The current question which must be asked, after four years of operation, is the extent to which the original concept has been attained. As previously stated, the subjective element in any assessment must be given due weight. The basic description of the nursing home has been indicated by the phrase, "a home away from home". In using this as a basis for measurement of the success achieved in implementing the concept, it is certain that the claim will not be disputed that an overall improvement has been accomplished. It is true that the level of attainment varies as between the individual homes. People, both patients and the administration, are involved and, therefore, one must not draw the incorrect deduction that facilities alone will accomplish the most acceptable result. The attitude of the operator plays a very significant part in the nursing home area.

You have, no doubt, encountered the arguments which have been advanced hinging on the profit motive versus the end product of acceptable care for the guests or patients. The introduction of private enterprise in the provision of the nursing home facilities has significantly influenced the development of the program. It is difficult in making an assessment to indicate that a more effective development might have taken place if they had not entered the picture. Personally, we can only review the development which has taken place to date and raise the question as to whether or not it would have been as effective had an alternative approach been taken. We must indicate that the co-operation of the owners in changing and improving conditions which were considered unsatisfactory has been noteworthy indicating an awareness of the significance of attitude.

The first problem which was faced in the development of the nursing home concept was one of interpretation of the concept. Many of the persons associating themselves with this developing form of institution had been closely linked with the hospital field and the attendant aspects of professional medical and nursing care. It was difficult for them to divorce these aspects from nursing home care or to accept the limitation to the personal care concept. The result was a picture of rising costs and the provision of a level of professional nursing care at a lower level than was required for the patient involved. With the development of the Plan, accompanied by education, this aspect is improving.

The second problem was one of developing an attitude which would help provide a "home away from home". Herein, in our opinion, lies the major problem

of the nursing home concept. Much has been said as to the meaning of what constitutes a home-like environment. The term, "tender, loving, understanding care" has been used, but we are certain you will agree with us when we state that we are dealing with people and the subjective factor plays an important part. We have noted in our visitation to the nursing homes that the matron plays a significant part in the rating of the home as to attitude and, thus, in the creation of a "home away from home" atmosphere.

The third problem was one of involvement of persons in the program, both outside and inside of the home. External involvement in a climate of private enterprise presented its difficulties where there was an overlapping with the responsibilities of the owners. To the extent that finances were involved, the problem was noticeable. With the growth of the program, this aspect appears to be diminishing in significance, although it still exists. Internally the program at the outset placed an interpretation upon personal care which was inclusive and represented a procedure of doing things for others, irrespective as to whether the patients were able to perform the particular activity for themselves. Considerable attention has been directed recently to this aspect and an attempt is being made to encourage the establishment of internal programs geared to the needs and interests of the patients. This is particularly the situation in respect to diversional and reactivational programs. Emphasis is being placed on gearing the nursing care program to the individual needs of each patient.

To facilitate the carrying out of the recommendations, considerable stress has been placed on the need for development of in-service training programs.

Before leaving the consideration of the present situation, it is advisable that we consider the nursing home facilities which were available in the Province of Alberta at the 31st of December, 1967. Our recent review has indicated that there are under contract 4,060 beds of which 76.8% is under private enterprise jurisdiction; 17.5% under religious organizations; 3.7% under Federal Government and only 2% under the district boards. The bed capacity has increased some 300 beds only during the calendar year 1967. The distinct slowing down of the provision of nursing home beds reflects two major factors, namely, the elimination of private enterprise endeavours on the 1st of July, 1967, plus the reduction in the need for additional nursing home beds in certain parts of the Province except Edmonton.

With the elimination of private enterprise from the development of new homes, municipalities in the rural areas have indicated a growing interest in the provision of nursing home facilities for their particular districts. Unfortunately, the growth of this interest coincided with the tightening in the area of availability of funds which has tended to slow up the development in this type of ownership of nursing homes. How long the restriction in regard to funds will continue is difficult to assess, but it has had a distinct effect upon the municipal development which was anticipated in the provision of adequate facilities for nursing home care in the Province.

At the outset of the Plan, as a protective feature, a maximum of 3 beds per 1,000 was set as a directive to nursing home boards in regard to recommendation for approval. This was merely a precautionary measure and, therefore, the suggestion was limited to the first year of operation. Although certain of the areas have provided more than 3 beds per 1,000, the original figure appears to be fairly realistic in relation to the overall needs of the Province in this particular area. Due to the necessity of obtaining an economical unit of operation which we have indicated as 30 beds, certain difficulties have been encountered when an attempt is made to have the nursing home facilities located as close as possible to the home of the persons who will be utilizing these facilities. The tendency has been towards centralization, but it is hoped that with the municipalities coming into the picture more strongly that a more diversified pattern will be developed over a period of time.

Future of the Nursing Homes

As we pause on the threshold of 1968 and view the nursing home program as it exists, we cannot help but recognize the essential function which the nursing home program is performing in the spectrum of progressive care for the residents of the Province of Alberta. This does not mean that we should become self-satisfied with our accomplishments to date, but rather we should expect a continuing development of the requirements of the particular kind of care which is provided by the nursing home.

As we look into the future, questions do arise as to the provision of the necessary facilities to meet the ever-increasing demands which are being made in this particular area. Care must, of course, be exercised that facilities are not developed merely for facilities sake and that careful controls are maintained in order to determine that the facilities are utilized for the purpose for which they are intended. The acceptance on the part of the public of this segment of the spectrum of progressive care results in demands for an increase in facilities. With the subsidization of the program by the Provincial Government a responsibility naturally arises similar to that attendant to the spending of any public funds, namely of assuring ourselves that the government, and thus the people of Alberta, are receiving the type of services in terms of quality and quantity commensurate with the payments made. In order that this might be carried out, we can expect continued discussions and differences of opinion, particularly on the level of subsidy which is to be attached to the program.

In order to be assured that an individual receives the type of care which he or she requires in the type of institution which provides that care, the matter of accurate assessment of the needs is of continuing and ever-increasing importance. It is anticipated in the future that closer attention will be paid to the assessment of an individual's requirements for nursing home care as against senior citizens' home care.

It is anticipated with the growing demand for nursing home care that the need for the provision of facilities will continue to exist. It is not likely that the development in this area will progress at the same

rate as we have experienced to date, but it will increase. With the elimination of private enterprise, it is anticipated that the public factor through the district boards will be taking on an added degree of responsibility in the matter of the provision of future facilities in this area.

We cannot overly stress the subjective element of attitudes and performance required on the part of the operators in meeting the need designated in providing a "home away from home" atmosphere. If we are to indicate to the patients in the nursing homes, who normally come within the older age bracket, that the interest of the community and province is something more than the provision of a mere existence, active steps must be taken in improving those aspects of our program. The development of the subjective element of operation attitudes will eliminate the concept of a burden and, in its place, provide an indication of willingly accepted responsibility to that segment of the society who have been unfortunate enough to reach the stage where they must depend on others for their personal care needs. In order that this can be accomplished, the co-operation of all members in the various segments of the community is essential and, in our opinion, represents the greatest challenge in the future.

The District Board's Responsibility

In the development of The Nursing Home Plan the basic premise was made that since the greatest degree of awareness as to the needs of a community existed within that community, the logical unit of administration was one that would be centered in the community. On the basis of this premise, district boards were set for the prime function of being concerned with the nursing home care needs of their respective districts. There may be many district boards which would perhaps rather accept direction in this particular area from a centralized administration. Uniformity is, of course, desirable, and in drafting the legislation an attempt was made to provide the district boards with general guide lines as to standards in respect to facilities. Where a subsidy is paid by the central administration, care must be exercised that the basic interests of the district boards are not eroded to the extent that the district boards become merely figure heads rather than dynamic functioning authorities concerned with the interests of the people encompassed in the areas of their interests. Some may question whether or not the regimentation by a central authority is not the preferable method to attain an effective operation. The basic premise previously outlined cannot be overlooked and, therefore, we have considered from the outset of the Plan that the district boards should be presented with the challenge based on their inherent interest in the local community. The position of the Provincial Government should be one of a supportive nature, aiding the district boards in whatever way it is possible to carry out their responsibilities but taking extreme care not to usurp the significant interest of the local boards in the development within their local areas.

We might, at this time examine the detailed legislative requirements in respect to the board's responsibility, but we do not feel that this would add materially to an appreciation and understanding of the position of the district boards in relationship to the development of The Nursing Home Plan in the various areas where district boards have been created. We consider the fundamental principle which has been outlined in general above is so significant that, irrespective of legislative enactments, the Provincial Government would support, either through legislation or by regulation, the principle involved.

REPORT TO THE MINISTER OF HEALTH

A REVIEW OF THE COSTS OF OPERATING NURSING HOMES UNDER CONTRACT UP TO 30 JUNE, 1967

Government of the Province of Alberta
Department of Health
Hospital Services

INTRODUCTION

Section 12 of The Nursing Home Plan Regulations provides that: "The province shall pay to each nursing home under the contract a payment not exceeding $5.00 per patient day with respect to each approved patient." This rate was established as at the 1st of January, 1967, which, taken with the patient day payment of $2.50 per day represents a daily payment per patient appproved under the Act of $7.50. At the 1st of January, 1967, an adjustment was made to the previous rate of $4.50 per day made by the province arising out of representations which had been made to Hospital Services for an adjustment of this rate. Since that date, further representations have been made and a survey has been conducted covering the costs of operation of the nursing homes to the 30th of June, 1967. This report attempts to place the relevant factors before you in regard to the situation as it exists, together with the recommendations which we wish to make to you covering the facts presented.

BASIS OF INVESTIGATION

Monthly financial reports of the costs incurred have been received from the nursing homes under contract from the 1st of January, 1967. This information has been utilized in our study of the costs involved in providing nursing home care for this report. As in the previous report, the costs of nursing home care have been considered under the three categories of capital cost, personal care cost and domiciliary care cost.

In our report of October, 1966, we had indicated that the costs of operation approximated $7.00 per patient day. In establishing the rate the Cabinet saw fit to increase this rate to $7.50 per patient day. The increase over and above the costs computed served to provide for the increased costs during the current year. Insofar as the payment was made for the complete year, the additional $.50 per patient day thus made provision for an approximate increase of $1.00 per patient day during the current year. It might be pointed out that with the stabilization of the programme the occupancy factor which played an important part in the introduction of the programme has become stabilized and, therefore, does not, except in the odd case, represent a significant factor in the determination of the rate structure.

On the basis of the above, this report covers each of the areas of cost, namely, capital cost, personal care cost and domiciliary care cost.

CAPITAL COSTS

Since the factors involved in regard to capital costs have not radically changed from last year, it has been assumed that the determination of the capital costs would be substantially the same as that set out in the previous report.

PERSONAL CARE COSTS

A review of the actual personal care costs at 90% occupancy reported by the nursing homes for the first six months of 1967 indicated an average rate of approximately $2.20 per patient day. A review of the nursing homes coming within this range were providing the type of personal care envisaged under the Act. It was considered reasonable that this rate should be accepted as being adequate to provide the type of personal care which was envisaged under the Act.

DOMICILIARY CARE COSTS

On the basis of our cost review, a reasonable figure for domiciliary care costs in regard to the nursing homes would be $3.30 per patient day at 90% occupancy. On the basis of the survey of costs which has been made, it is estimated that a reasonable cost per patient day on the basis of 90% occupancy would be:

Capital Costs	$ 2.00	(similar to 1966)
Personal Care Costs	2.20	
Domiciliary Care Costs	3.30	
Total Cost	$ 7.50	

RECOMMENDATION

On the basis of our survey the costs per patient day at 90% occupancy have increased over that previously computed in our previous report by an amount of $.50 and, therefore, we would recommend that the overall rate received by the nursing homes, effective the 1st of January, 1968, should be raised by $ .50.

Although the rate which was established in our previous report of October, 1966, indicated an amount of $7.00, the establishment of the rate at $7.50 on the part of the Cabinet provided for an overall increase in costs during 1967 of $1.00. The $ .50 increase applicable to the complete year approximates a uniform increase in costs during the year of $1.00 with overpayments in the first half of the year approximating the underpayments during the latter part of the year. Actual performance has indicated that this step on the part of the Cabinet provided the nursing homes with a payment in which there was included provision for the increases in costs which were incurred in part during the calendar year 1967. It must be recognized that there is a lag insofar as the data upon which the recommendation has been made does not represent completely the present status of costs at the 1st of January, 1968. The extent of the lag has to some

degree been compensated by the utilization of a 90% occupancy factor.

As it appears reasonable to provide the contract holders with some degree of protection covering the increasing costs which are likely to be faced in the year 1968 for which the rate is being determined, it is recommended that the total payment received by the nursing home operators should be based on an adjusted rate of $8.00 per patient day.

As the benefits to persons eligible for pensions have been adjusted, it is suggested that as of the 1st of January, 1968, the patients' share of the cost should be adjusted from the present rate of $2.50 per patient day to $3.00 per patient day, and that the subsidy provided by the provincial government remain at $5.00 per patient day for the calendar year 1968. The adjustment of the patient day payment would bring the total amount paid by the patient per month into a more realistic relationship to the amount of pension received.

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